PLAINLY, WITH UNFADIN is especially important. Physic

PLEASE WRITE

VS A15

8	cerrect age
6	y. The
	arefull rly and
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	inform of de
RVED FOR BINDING	. Supply every item of information carefully. The please write the causes of death clearly and legibly
FOR 1	ly ever write tl
RVED	Supp please

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (26)

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County. A More Glough	(For newbors infants give residence of mother)
City or town (If ontside city or town limits, write RURAL and give nearest town)	State Machan County County
	City or iown. Matheway. Id. ff. Sulfandital. (If outside city or jown limits, write RURAL and give nearest town)
How long In above place of death?	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Leland Memorial Hamital	Street No. 6 (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
\$ 20.01. A.C.)	o. (v) because views
4. Sex 5. Color or race S. (a) Single, married, widowed, or divorced	NEDVOLL CERTIFICATION
4. 36 4 al. 1	MEDICAL CERTIFICATION
I Mule Wislawed	20. DATE OF DEATH MAN 27, 19 45, at 5 p. M
B, (b) Name of husband or wife Allen	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	Que 19.35, to 7211 2/18.45
7. Birth date of Sirth date of	and that I last saw h. M. alive on May 27 19 45
deceased (mo., day, yr.) July 21/872	Immediate cause of death
8. AGE: Years Months Days It fess than one day	Wilmia 3days
72 8hrsmin.	for the second s
8. Birthplace Maietta. Ohis	Due to Multiple little booles 5 days
(Town, county, and state)	
10. Usual occupation Asusewife	Que to Post operative.
11. Industry or business	Chiffeensterlowy for 3 day
12. Hame	Ditter conditions Chroning Chalippilities
13. Birthplace Germany?	and Chalelethessis
	(Include pregnancy within 8 months of death)
14. Malden name	Major findings of operations thick Contracted Authorities
\$ 15. Birthplace Termany	with Tropics Date of op. 1145
18. Informant Assignation Medicardo And	Antopsy results All Disguess
Address Mrs. Kenner - 1821 maker M. M. E. D. 6	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B : 01 4-2-11.5	22. VIOLENCE: if death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. C. Hill Cumity	Where did injury occur?
1. A luced med	Injured et home, farm, Industry, public place (where?)
Location Survival Control Cont	Means of injury Injured at work?
18. Funeral director Otto Chauses	mount of many
Address Twendale. med	L.W. Mila: md
abil 1 "5 October	23. SIGNATURE M. D. or other
(Upte rec'd by registrar) Registrar	Address A werdale Mid Dale signed 3-30-43

ACR 24 1945 BUREAU V.N.

PLEASE

19 March 26 18 45 (Date rec'd by registrat)

A15 VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03095

CERTIFICAT	TE OF DEATH Reg. Dist. No. 245
1. PLACE OF DEATH: County PRINCE GEOTGES City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State M.D. County F.D. O.N.G. M.E.R.V. City or town AVENEL BURAL SILVER SPRING (If outside city or town limits, write RURAL and give nearest town) Street No. YMT. P.S.G.A.H. R.O.D. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
ADDA WALTER BEAN 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced F. W. matried 6.(b) Name of husband or wife TARLETON SMITH BEAN 6.(c) If alive, give age 5-3	MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I CERTIF that scath occurred on the date above stated: that statended deceased from 19. 2. 10. 2. 11.
7. Birth date of deceased (mo., day, yr.) NOV. 15, 1891 8. AGE: Years Months Days If less than one day	and that last saw harmanive on Man 3 4 189 Improdiate cause of death DURATION DURATION
9. Sirthplace FO.B.EST Cou.M. PENNA 10. Usuat occupation. Ho.U.S.E.WIX.E. 11. Industry or business	Due to. Due to. Due to.
12. Name GEORGE B. WALTER 13. Birthplace PENNA: 14. Maiden name undusion 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations. Oate at op.
Address avenel, S. Spring, and Burnal (Burial, cremation, or removal. Which?) Cemetery or crematory FOBT LINCOLN Lemning	Autopsy results. PHYSICIAN: Plesso underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State)
Location Wesh DC. 18. Funeral director Wwelhambers C Address Riverdale, mil 19. March 26, 19 45 James Severe (Date reg'd by registrat)	Injured at home, farm, Industry, public place (where?) Means of injury 23. SIGNATURE M. D. or other Address Address Bate signas of Address Bate signas of Address

R. S. S. Registrar Address

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13/2

CERTIFICATE OF DEATH

030.95 Reg. Dist. No. 2 42

1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Rospital, institution, or strept andress where death accurred: 3. 7 How long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (1f outside city or town limits, write RURAL and give nearest town) Street No. 3 (If rural, give LOCATION) 2.(a) If veteran, name war 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Calculation Calculation	MEDICAL CERTIFICATION 20. DATE OF DEATH
8. AGE: Years Months Days If less than one day O	Immediate cause of death. Duration Due to Surface Su
11. Industry of business 12. Name 12. Name 13. Birtholace 14. Maiden name 15. Birtholace 15. Birtholace 16. Informant 16. Inf	(Include pregnancy within 3 months of death) Major findings of operations Date of op. Autopsy results. PHYSICIAN: Flease underline the cause to which death should be charged statistically.
Address Date thereof. 3/4/2	22. VIOLENCE: If death was due to external causes, flit in the following: Accident, soicide, or homicide

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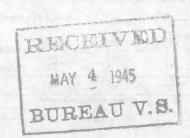
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Prince George's City or town (rural) Glenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 mo., 8 days Hospital, Institution, or street address where death occurred: Glenn Dale Sanatorium How long in hospital or institution? 1 mo., 8 days		State D. C. County.				
				arest town)		
3. (a) FULL NAI					3. (b) Social Security 578-12-2	
Male	5. Color or race Colored		married, widowed, or divorced rried (sep.)		ERTIFICATION 28 1945	5:30Am
	Pol) If alive, give ege?years	and that I last saw h	Wareh 18	28 19 45°
8. AGE: Yea	17.0	Days 2	If less than one day	Immediate gause of death Pulmonary Tuber	work	DURATION 6 27103.
10. Usual occupation 11. Industry or busine 12. Name 13. Birthplace 14. Malden name 15. Birthplace	Shoemakez Linwood F Unknown Carrie J Waynesbu	Bell Chorns Ge	orgia	Other conditiona (Include pregnancy within 8 Major findings of operations.	months of death)	
16. informant	Decedent.	***************************************		Autopsy results	hich death should be charged	statistically.
Cemetery or crema Location 2.9 4 18. Funoral director. Address	9. C. mog	e Was	land & Philips	Where did Injury occur?	(County)	(State) MD



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 332

CERTIFICATE OF DEATH

03098

Reg. Dist. No. 23/

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	
(If outside city or town limits, write RURAL and give nearest town)	State County
How long in above place of death?	(If outside of or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)
When Gom How 11 days	Stroet No.
1, 1	(If rnrai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
Berles ma Oscar	3. (b) Social Security Number
4. Sox S. Color or race 6.(a) Single, married, widowed, or diverced	MEDICAL CERTIFICATION
male white ludamed	20. DATE DE DEATH MACH 26 1945 at 2:30P M
	21. I CERTIFY that doubt occurred on the date above stated; that Lattended deceased from
6,(b) Name of husband or wife	
7. Birth date of	
deceased (mo., day, yr.)	end that I last saw base alivo on 19.7
8. AGE: Yoars Months Days If less than one day	Immediate cause of death DURATION
Cu l	le proin myreadle 1 ym
6 7hrsmin.	
9. Birthplace	Due to Museum
1D. Usuat occupation. Actived	
	Due to them & withou 50 mg.
11. industry or business	
12. Name Bertle W. 87.	Dther conditions
I 13. Birthplace Wast. he.	
TATE OF THE PARTY	(Include pregnancy within 3 months of death)
14. Maiden name Brown, Barry	Major findings of operations
14. Maiden name Brown, Barry 15. Birthplaco Peliesburg, Fa	
	Dato of op.
18. Informant	Antopsy results
Addross Vience See Seu. Hom.	PRINCIAM: Flease undering the came to waich death should be charged statistically.
Burial 3-28-45	22. VIOLENCE: If doath was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Rock Creek	Where did injury occur?
Commence of the commence of th	Where did injury occur?
Location Washington	Injured et home, farm, Industry, public piece (whore?)
I Gasche son	Moans of Injury Injured at work?
18. Funoral director	0.100
Address Hyallentle ma,	(Il lest 1 h 7 man 4 ll
3/22 // //	23. SIGNATUR M. D. ocother
19. 3/27 19.45 Umandy Downey (Datgree'd by registrar) Registrar	Addres farmed had Bate signed 3/26/46

MARSE 1945
BUREAU V.S.

Address..

Reg. Dist. No 2. USUAL RESIDENCE (HOME) OF DECEASED: (If rural, give LOCATION) 3, (b) Social Security Number 21. I CERTIFY that death occurred on the date above stated: that Lettended deceased from (Include pregnancy within 8 months of death) PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE. If death was due to external causes, fill in the following; injured at home, farm, industry, public place (where?) injured at work?

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APR 5 1945

BUREAU V.S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1316)

CERTIFICATE OF DEATH

(311)) Reg. Dist. No. 23/

1. PLACE OF DEATH: County Lines Jeange	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Marthand County Prince ges.
How long in above place of death? Starter	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street Ho. 3603 websley St
Prince George Jeweral Hospital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Brady miss Flora Lauise	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fr W Single	20. DATE OF DEATH. March 28 19.4.5 al 24. M
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from Sept. 20 19.45
7. Birth date of 3	and that I last saw h.C.P. alive on March 28 1945
deceased (mo., day, yr.) Jaw. 31, 1903	Immediate cause of death
8. AGE: Years Months Days If less than one day 4 2	Chronic Glomerulo-Nephritis 2. years
3. Birthplace (Town, county/flud state)	Due fo
10. Usual occupation. At home	
	Due to
11. Industry or business	
12. Name Brade Mr. James D.	Dither conditions
14. Malden name. Rector, Heloreuce 15. Birthplace Va,	(Include pregnancy within 3 months of death) Major findings of aperations.
2 15. Birthplace Va,	Date of Op.
1 C Sister	Actory results.
Address 25-06-28th St. N.E. Washington H	PHYSICIAN: Please moderline the cause to which death should be charged statistically.
Birrial march 31, 1940	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal Which?) (month) (day) (year)	Accident, suickle, or homicide
Cemelery or cremalory LT Lincoln	Where did injury occur?
Location Colmac Thans The	Injured at home, farm, Industry, public place (where?)
J Duscha sone	Means of Injury Injured at work?
18. Funeral director	Charles O dlanger M. To
19. 3/3/ 1945 amanda Downey	23, SIGNATURE M.D. or other
(Date rec'd by registrar) Kegistrar	Address Mt Rainey Md Date signed well 28/45

RIVARE SOFTERMERASING TEATS OF A TRIAN

CENTRALE GERMAN

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APR 4 1945

BURFAU V.S.

PLEASE.

MARYLAND STATE DEPARTMENT OF HEALTH

, 2411 N. Charles St., Baltimore Bra

CERTIFICATE OF DEATH

()31112 Reg. Dist. No. 245

1. PLA COF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of motifes)	noune.
Coolity		
City or town (If overside city or town limits, write RURAL and give nearest town)	State County Accounty	
How long in above place of dath?	(If ontside city or town limits, write RULAL and give nearest town)	
Hospital, Institution, or street address where death oppurred:	Street No. 8 Phode Island an	
8- Khow Baland are	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME ambroce Bron	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
mall Colored widowed	20. DATE OF BEATH March 15 1945 at 9:00 6	M
6.(b) Name of husband or wife. The second Sistem	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
7. Birth date of S.(c) If allve, give age		
deceased (mo., day, yr.) 28, 1890	and that I last saw halive on	
8. AGE: Years Months Bays If less than one day	Immediate cause of death	
55() / 5hrsmin.		
9. Birthplace. January (Town, county, and state)	Due to Carling Carlos	
18. Usual occupation. Jalan	Bue 10	
11. Industry or business 20 5 50		
12. Name Ulhus 13. Birthplace Ushus	Other conditions	****
H C C C C C C C C C C C C C C C C C C C	(Include pregnancy within 8 months of death)	-
15. Birthplace	Major findings of operations	
16. Informant agarthal Brown	Antopsy results.	
Address & Bloode Inland are.	PHYSICIAN: Please underline the cause to which death should be charged statistically.	_
(Burial, cremation, or removal, Which?) Bate thereof Maria, (month) (day) (sear)	Accident, suicide, or homicide	000 m
Cemetery or crematory	Where did injury occur?	****
Location	injured at home, farm, industry, public place (where?)	
18. Funeral director	Kleputy nedical yau	-
Address Agallsville and	23. SIGNATURE June of Jan	
19. March 19 19 45 James Severe (Date rec'd by registrar) By K. S. S. Registrar	Address Holestvell was Bate signed 3-16-4	1.

PROPERTY OF STANDING CHARLES

APR 5 1945
BUREAU V.S.

age is shown on 2411 N. Charle	PARTMENT OF HEALTH () 31() 1 (E OF DEATH Reg. Dist. No. 23/
1. PLACE OF DEATH: County (If outside city or town limits, The RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Eor newborn) nfants give residence of mother) State County County
3. (a) FULL NAME My Elward, Buch!	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, wildowed, or divorced Male White Married	MEDICAL CERTIFICATION 20, DATE OF DEATH, March 22 19 45 21 7 5 N
6.(b) Hame of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. #2. to
11. Industry or business, 12. Name Declar Suchles 13. Stribplace 14. Malden name Declar 15. Stribplace 18. Informant Wife Two Electrons 16. Informant Wife Two Electrons	(Include pregnancy within 3 months of death) Major findings of operations
Address 47 12 - Late thereof natch 24 1945 (Burial, eremation, or ramoval, Which?) (Burial, eremation, or ramoval, Which?) (Burial, eremation, or ramoval, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory. Location Washington & C	Injured at home, farm, industry, public place (where?)

Address....

Date Signed 322.45

anas da Dauren Registrar

VS A15

18. Funeral director....

(Date rec'd hy registrar)

APR 4 1945
BUREAU V.S.

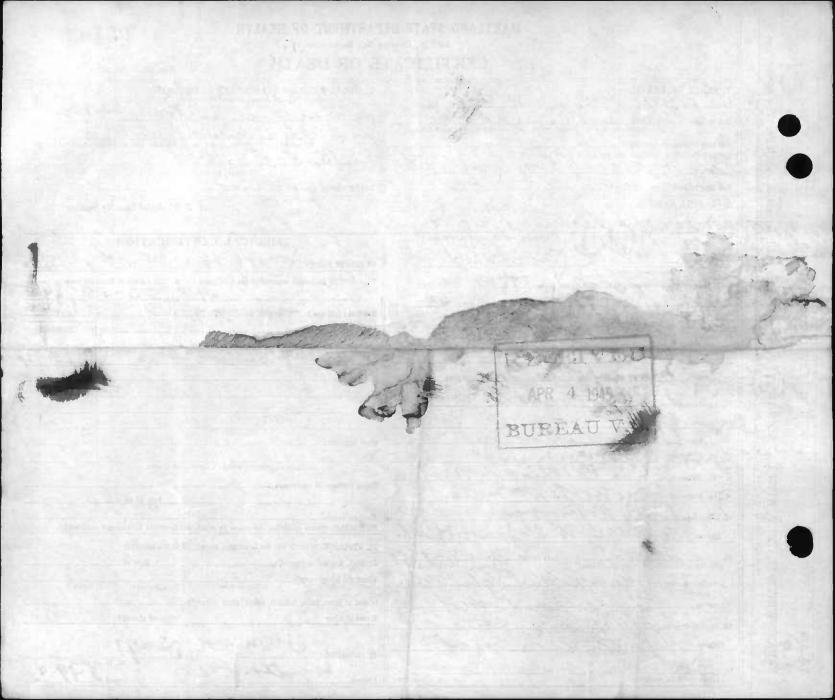
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 87-2

CERTIFICATE OF DEATH

(1311)3 Reg. Dist. No. 23/

1. PRACE OF DEATH: Years Ch. In of.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infant) give residence of mother)	
Cily or lown. (I toutside city or town limits, write RURAL and give nearest town)	State that de county fruite feet	Co.
How long in above place of death? / / / Cart	City or town (If out-jue city or town limits, weite RURAL and give nearest	town)
Hospital, Institution, or street address where teath occurred:	Sireel No 1505- 1349 14 94	
Nome at 150.5 - 49 th Pl. Menulus th	(If rural, give LOCATION)	
3. (a) FULL NAME	2.(a) It veleran, name war.	
Willis augustus Buchee.	3. (b) Social Security Num	ber
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male While massed	20. DATE OF DEATH IN arch 18 1945 31	+. 18/2am
6.(6) Name of husband or wife. Edith Reid Buffee.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased	rom U.5
7. Sirth dale of S.(e) If alive, give age 4 years	and that I last saw h 19 alive on 6 7 8	19 7 6
deceased (mo., day, yr.) 09 47 17 17 100 5	Immediate cause of death.	DURATION
8. AGE: Years Months Days It less than one day		
	muliple selections	1544
9. Birthplace Min and Otto Mily 1911.	Due to	•••••••••••
10. Usual occupation clerry mais:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
11. Industry or business church work.	Due to	
12. Name Johns Gilman Buglee.	Other conditions	***************************************
HE 14. Malden name / yola Caroling human 15. Birthplace Roberts m. maine	(Include pregnancy within 8 months of death)	
15. Birthplace Roberts n. Indine	Majer findings of eperations.	boox o 0 x 0 o x 0 x 0 0 0 0 0 0 0 0 0 0
11-1-1 D 12. Jan.	Date of op.	
Address 1505-49 th PP. Kenshworth Ind.	Actopsy results	
n 1 10 1011	22. VIOLENCE: 1f death was due to external causes, fill in the following:	
17 (Burial, condition, of removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Levenge Mashington Menter	Where did injury occur?	ate)
Location	Injured at home, tarm, industry, public place (where?)	
18. Funeral director Film John Source Source	Means of Injury Injured at work?	
Address Hyattorille gul	23. SIGNATURE HON won Just	
19. 3/19/ (Dafo rec't) by registrar) 1945 amanda bownly Registrar	Address Hyallo. 244 M. D. orott	19-45



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The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 42-0

03104

CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:
County County	(For newbory infants give residence of mother)
City or town Zanham Md	Slate
City or town. (If outside city or town limits, write RURAL and give nearest town)	City or town anham ma
How tong in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
	(If rural, give LOCATION)
No. 4 of the Control of Control	
How tong in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Johanna Gaer	umerer
4. Sex 5. Color or take 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Tenede white widows	march 1: 45 /45 A.
7 1 ' L P	20, DATE DF DEATH 19
6.(b) Name of husband or wife. Trederick Calmmerly	21. I CERTIFY that death occurred on the dale above stated; that lattended deceased from
	march 4 1843 10 March 5 18 43
7. Birth date of Gh. 0 13 1860	and that I last saw have elive on have 19.7.3
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Modelis Days If less than one day	Ganco & She selino (48) 2m
74 hrs mia.	
Germany	Due to.
9. Birthplace	gue (V.
10. Usual occupation at home	
11, Industry or business	Due 10
12. Name Colo	Other conditions
	(Include pregnancy within 8 months of death)
14. Maiden name umknown 15. Birthplace Durmany	
S & Blocker Dermand	Major findings of operations.
13. Birinpiace	Date of op.
16. Informant Clara Sauth	Antopsy results
Address Lanham Ind	PHYSICIAN: Please underline the cause to which death should be charged statistically.
The shotation mosel 6, 1948	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Janesville Wisconsin	Where did injury occur?
O Musernain	
Location family	Injured al home, farm, lodustry, public place (where?)
18. Funeral director & Casela sons	Means of injury injured at work?
Must alle med	D1+129 220
1 1 1	23. SIGNATURE Context & M. Comer hill
18 March & (1945) Umanda Docorey (Date rec'd by registrar) Begistrar	M.D. or other
(Date rec'd hy registrar) Pegistrar	Address formul Mu Date signed 13/7-0

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93

CERTIFICATE OF DEATH

()31(542) Reg. Diat. No. 242

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For-pewborn infants giveresidence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State County Carlonaly
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospilal, Institution, or street address where death occurred:	1202 5-8- aug
	Street No(
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Edgar S. Chum	3. (b) Social Security Humber
5. Colo (or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
machology manife	20. DATE OF DEATH MACG. 14 19 45 21 50 80 PM
8.(b) Name of husband or wife Level Cleurs	21. I CERTIFY that death occurred on the date obove stated; thet lattended deceased from
7. Birth date of	18 X 4, 10 March 148 45
7. Birth date of deceased (mo., day, yr.) July 5, 1876	and that I last saw have alive on March 14 19 65
8. AGE: Years Mooths Days If less than one day	Immediate cause of death
14	A Amplication of the second
(g) hrsmin.	
9. Birthplace (Toyn, county, and state)	Due to.
0-0.00	
10. Usual occupation	Due to.
11. Industry or business	
# 12. Name Contact Con	Other conditions (Clero Sceleror)
13. Birthplace	T-
14. Maiden name torens here,	(Include pregnancy within 3 months of death)
15. Birthpiace	Major findings of operations.
El 15. Birthplace	
18. Informani	Autopsy results
Address 1303-58 oull	PHYSICIAN: Ptease underline the cause to which death should be charged statistically.
Burial March 19. 1945	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Samooth Climetery	Where did injury occur?
Cuitland Md	Injured at home, farm, industry, public place (where?)
Location State Land	Means of Injury Injured at work?
t6. Funeral director	means of mjorg
Address 4339 Hunt Pl. NE.	\$100 Q0000
Que 111 . Maria A. T. Paraga	23. SIGNATURE Mi, D, or other
(Date rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar)	Address UK 23 - Luck P (Date Street 3 - Warrey
regular	Fairmount His.

APR 7 1945 BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03106

Reg. Dist. No. 245

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County I rive & Georges:	(For newborn infants give residence of mother)	
(If outside city or town limits, write RURAL and give nearest town)	State Maryland coupty Mont gomery	
How long In above place of death? 1200 5 the 15 days	(If outside city or town limits, write RURAL and give nearest town)	
Mospital, Institution, or street address where death occurred:	Street No. 405 & Than allen ave:	
Eugene Le land Memorial Hospital	(If rural, give LOCATION)	
How long in hospital or institution? L. M. a. M. L. 19 days.	2.(a) If veteran, name war.	
3. (a) FULL NAME Roberta Clark.	3. (b) Social Security Number	
(''' 3 ' 0 ''		
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Gemale white widowed	20. DATE OF DEATH March 8 Hb 19 45 at 60 a M	
8.(0) Name of husband or wife Charles Kandall Clark.	21. I CERTIFY that death occurred on the date above stated that I attended deceased from	
	1977, 10/3/8	
7 Di-15 doin nó	and that I lact saw half alive on 3/1/3/6	
deceased (mo., day, yr.) (clober 9th 1865	Immediate cause of death OURATION	
8. AGE: Years Months Days If less than one day	Generalized arterio -	
79 5hrsmin.	salbrais 10 rs.	
9. Birihplace Warth (Town, county, and state)	Due to Superior Super	
mediand	Chimic hepoward Sign	
10. Usual occupation. retired	Due to	
11. Industry or business		
# 12 Name William Simpson	Diher conditions	
E 9 1 1 2	United Conditions	
m1 c0 11	(Include pregnancy within 3 months of death)	
14. Malden name harlotte Kebecca Good	MM/X	
15. Birthplace Mary and.	Major findings of operations.	
1. 11 11	Date of op.	
16. Informant pts Chart.	Autopsy results	
Address	PHYSICIAN: Please anderline the cause to which death should be charged statistically.	
B. 1 m 1 12 14/5	22. VIOLENCE: If death was due to external ceuses, Ill in the following:	
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide	
1.12.10 4.		
Cemetery or crematory fock fulk smellent	Where did injury occur?	
Location Tassington, P.E.	Injured at home, Tarm, Industry, public place (where?)	
The Staller	Means of Injury Injured at work?	
18. Funeral director	10 0 111 11 . 10	
Address 234 Carroll St., Takonya Vark. D. G.	11/2 1/1/ala MAX	
	23. SIGNATURE M. D. or other	
19. March 8, 19.45 James Street	Address Niverdall MA. Date stone 3/8/45	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 100

03107

M. D. or other

CERTIFICAT	TE OF DEATH Rog. Dist. No. 23
1. PLACE OF DEATH: County Cheverly City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?. 5 hours 5 minutes Hospital, Institution, or street address where death occurred: Frince Georges General Hospital How tong in hospitat or institution? 5 hours 5 minutes	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State D.C. County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 14.21 Fenns y Luania Aug. S.E., Wash, D.C. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Lithel Welch Coffelt 4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	3.(b) Social Security Number
female white married 6.6) Name of husband or wife. Mr. John H. Coffelt.	MEDICAL CERTIFICATION 20. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 46 2 7	and that I last saw h. A. alive on MAN 2 19.4.5. Immediate cause of doath DURATION 3.4.5.
9. Birthplace	Due to
12. Name Not Known. 13. Birthplace 14. Malden name Mellie M. Welch. 15. Birthplace 18. Intermant Mr. John H. Coffelt	Diher conditions a country factions (Include pregnancy within 8 months of death) Major findings of operations Date of op. Autopsy results Lab and plantagement
Address 1421 Pennsylvania Ave, S.E. Wash, D.C. 17. But is Bale thereof 3-30-45 (Burist, cremation, or removal. Which?) Cemetery or crematory. But is a strong of the st	PHYSICIAN: Please underline the cade to which death should be charged statistically. 22. VIOLENCE: 11 death was due to external causes, 11ll in the following; Accident, suicido, or homicide
18. Funeral director The Chambers Co	Means of Injury Injured at work?

23. SIGNATURE.....

Address.

amanda Downey Registrar

1945

19. 3/24 (Date rec'd by registrar)

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BUREAU V.S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1310

CEPTIFICATE OF DEATH

CERTIFICAL	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County Chevery Md City or town (If ontside city or town) imits, write RURAL and give nearest town) How long in above place of death? Hospital institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Mary and County Ninge George's City or town Suit and County (If outside city or town limits, write RURAL and give nearest town) Street No. 4802 - Suit and Rd. S.E. (If rural, give LOCATION)
How long in hospital or institution? 22 days.	2.(a) If veteran, name war
3.(a) FULL NAME Flora Etta Crosier	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced Single	MEDICAL CERTIFICATION 20. DATE OF DEATH PLACE 1 18/5 1 9 4 5
8,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated—that I attended deceased from 19
8. AGE: Years Months Days It less than one day 70 11hrsmin.	Immediate cause of death Constitution DURATION Constitution Constitu
9. Birthplace	Due to Care Contract Description Due to Care Description Descripti
12. Name Horace Crosier 13. Birthplace Massa chusetts	Other conditions Chemica Endacardition williams
14. Maiden name. Carrie May. 15. Birthplace Vermont	(Include pregnancy within 8 months of death) Major findings of operations
19. Intermant Mrs. Harry West Address 4802 Suitland R. S.E.	Antopsy results
(Burial, cremation, or removal Which?) Date thereof Manual (day) (year) Cemetery or cramatory.	Accident, eutcide, or homicide
Location Service Rand Trad	(City or town) (Connty) (State) Injured at home, farm, industry, public place (where?)
Address 20 & 7 - Michael and SE	23 SIGNATURE Frank & Clan Stattler
19 March 11 19 45 amanda Doursey Registrar	Address Washington 19 Date signed 1/1/5.

HALLACE DO DICIONAR AND SLANS ON TAXABLE

RECEIVED APR 4 1945 BUREAU V.E.

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03109

Reg. Dist. No. 231

County				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother) State County Proceedings		
			RURAL and give nearest town)			
Hospital Institution,	or street address where	Gene	augs nel Dospital	Street No	sits, write RURAL and give nes	
	or Institution?	***************************************		2.(a) If veteran, name war	**************************************	
3. (a) FULL NAM	Lewis	E	We Pn.	eat	3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL	CERTIFICATION	
-m	w		widowed	20. DATE OF DEATH		15-25 PM
	d or wife			21.1 CERTIFY that death occurred on the date :	above stated; that I ettended dece	sed from
7. Birth date of	Λ-		c) If alive, give ageyears	and that I just saw h alive on		
deceased (mo., day,			1808	Immediate cause of death.		OURATION
8. AGE: Year	Months	Deys	If less than one dayhrsmin.	Bonder Trine	•	
9. Birthplace	1		Uminai	Gue to	***************************************	* *****************************
	(Town,	connty, and	stato)			***************************************
10. Usual occupation.		<u> </u>	4	Oue to Fracture due to ac		
ff. Industry or busine	(41:4/4 - 10	- 0-:-	_	7th.	1945 cugo?	
12. Name William De Priest Uneinia			Unginia	Other conditions tadical hed af		
f4. Malden name	Betty	Willia		V	8 months of death)	
S 15. Birthglace			Virginia	Major findings of operations		
16. Informant Zlenng A De Priest		Antopsy results				
Address Bowle Md.		22 VIOLENCE. If death was due to extensi course fill in the following:				
(Barial, cremation, or removal. Which?) Bate thereof March 14 1945 (month) (day) (year)		Accident, suicide, or homicide				
Cemetery or cremat	M	lus (Cenetras	Where did injury occur?(City or town		
Location Longuelity V.		Injured at home, farm, Industry, public place (where?)				
fB. Funeral director	It his	Hen	Funeral Home	Means of Injury	Injured at work?	
Address 153	1 1 1	e c	Lyndly Va.	000	2015 6.20	,
19. March	13 1945	• • • • • • • • • • • • • • • • • • • •	James Severe	23. SIGNATURE	M. D. C	3-1245



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

CERTIFICATE OF DEATH

()311() Reg. Diat. No. 23/

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
Outility and the state of the s	State Maryland County France Ge	erges
City or town (if outside city or town limits, write RURAL and give nearest town)	1/10000 544:0	·····
How long in above place of death?	(if outside city or town limits, write RURAL and give nes	reet town)
Hospital, Institution, or street address where death occurred: Hospital	Street No.	***************************************
17 12.5	(If rural, give LOCATION)	
	2.(a) It veteran, name war	
3.(a) FULL NAME William Cornelius I	Ouler 3. (b) Social Security	Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male white married	2D. DATE OF DEATH March 4 1945	7:15-19
10 11: 0 7 1	20. DRIE UF DEATH	, 21
6.(b) Name of husband or wife. 1975. Attice R. Duley.	21. I CERTIFY that death occurred on the date above stated; that Lattended dece	
7. Birth date of	and that I last saw h 4000 alive on March 4	19 45
deceased (mo., day, yr.) 17, 1858	Immediate cause of death	DURATION
8. AGE: Years Months Days It less than one day	Bronopeal Pneumonia	Zolay
86 3 15prsmin.		
9. Birthplace Maryland Tince George (· Due to arlunes atmeris	20 year
10. Usual occupation retired farmer	Production with the second	2 1163
11. Industry or business	Due to.	China Andahan
12. Name William Washington Duley	Other conditions 144 Luctrophio Provida	tetis
13. Birthplace Maryland.		ne month
14. Maiden name Susan Sansbury	(Include pregnancy within 3 months of death)	
	Major findings of uperations.	
15. Birthplace Maryland.	Date of op.	
18. Informant Mrs. Africe R. Duley	Autopsy results	
Address Croom Station Md.		statistically.
(Burlal, cremation, or removal, Which?) Date thereot	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide	
	Accident, suicide, or homicide	
Cemetery or gemajory. At learned at the	Where did injury occur? (City or town) (Connty)	(State)
Location Septing Marellano Mid	Injured at home, farm, industry, public place (where?)	
18. Funeral disopor Natelia Bras	Means of injury Injured at work?	
Address Capper Marlboro mo	Ocana P Acces	- n 7.
2 10	23. SIGNATURE M. D. C	or other
19. March 4 19 43 Amarda X auren (Date rec'd by registrar) Registrar	Address Washer Marlboro Date stoned	3-4-45

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore B.

03111

DURATION

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CERTIFICATE OF DEATH

	5.		
. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Prince George's			
(If outside city or town limits, write RURAL and give nearest town)	State County County		
(If outside city or town limits, write RURAL and give nearest town) low long in above place of death? 11 mos., 10 days	City or town Washington (If outside city or town limits, write RURAL and give nearest town)		
low long in above place of death?	Street No. 1747 F. St. N. W.		
Glenn Dale Sanatorium	Street No. (If rural, give LOCATION)		
low long in hospital or institution? 11 mos., 10 days	2.(a) If veteran, name war		
B. (a) FULL NAME	3. (b) Social Security Number		
Wennie S. 7	77112 615-22-0347		
i. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Married (sep.)	20. DATE OF DEATH MATCH 30 19 45 at S.		
(6) Name of husband or wife B.F. Farris	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from		
6.(c) If alive, give age?years	april 20 19 44 10 21 14 Ch 20 11		
. Birth date of	and that I last saw h. C.V. allve on I wat Ch 30 15		
deceased (mo., day, yr.) January 20, 1919	Immediate cause of death Sulla Manual Ling DUR		
B. AGE: Years Moeths Days If less than one day	tuliey cerlasis / 2 mgs		
26 2 10hrsmla.			
Butbplace Orlinda, Tennessee	Due 10		
(Town, county, and state)			
a David eccepation Stenographer	Due to		
1. Industry or business			
12 Name Joe Shoulders	Other conditions		
13. Birthplace Adairville, Kentucky			
. 2	(Include pregnancy within 8 months of death)		
14. Maiden name Sarah Jones	Major findings of operations		
15. Birthplace Lafayette, Tennessee			
18. Informant Decedent	Autopsy results		
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically		
	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burlai, cremation, or removal, Which?) (Burlai, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide		
D. (30-1)	Where did injury occur?		
Cemetery or crematory to			
Location Service plant	Injured at home, farm, Industry, public piace (where?)		
18. Funeral director W. W. Marches Co.	Means of Injury Injured at work?		
Address 5/7 /14 14 S.E.	() 1 · 0 P M.		
12 0 100000	23. SIGNATURE M. D. or other		
19 May 30 19 45 Coulang of Plulys	86 41,00 md, 114.		
(Date rec u by registrar)	Address Date signed Date signed		

HEART OF DEATH OF SEATH

6 1945 RAU V. 8.

BUREAU V.E.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 169

03112

CERTIFICATE OF DEATH

Reg. Dist. No. 23/

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Prince geo.	
City or town. Ches kr/y, Md.: (If outside city or town lumbs, write RURAL and give nearest town)	State
	City or town
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, lostitution, or street address where death occurred:	Streel No.
***************************************	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
aa: ther	
4. Sex \ 5. Color or race 6.(α) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W New horse	1. 1. 1 VI D250
M W New born	20. DATE OF DEATH. MARCH 15, 19 44, 21 3254 M
6.(b) Name of husband or wife	21. [CERTIFY that death occurred on the date above stated; that I attended deceased from
	March 15 19 VI 10 19
7. Birth date of 4 52	and that I last saw h
deceased (mo., day, yr.) mar. 15 1945 / 1 / ar	Immediate cause of death
8. AGE: Years Months Days If less than one day	Dremat unly
New born	
9. Birthplace Prince geo. Hospt.	Due to.
Town, county, and state)	DUC (C.
10. Usual occupation.	
	Due to
11. Industry or business	W. total
# 12. Name Tatt, Mr. Cecil	Other conditions 1.M. P. of mother 10/5/45.
12. Name Solt, Mr. Cecil 13. Birthplace Ra,	(Include pregnancy within 3 months of death)
œ!	(Include pregnancy within 3 months of denth)
	Major findings of operations
15. Birthplace Md.	Date of op.
16 Informant marion Fine Garther	Autopsy results.
2 22	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Granchville Md.	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Cremation Date thereof March 17, 1945	
(Ruris) cremation or removal. Which?) [mouth] (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Punic Georgis General Hospital	Where did injury occur?
	Injured at home, farm, Industry, public place (where?)
Location Cherely not	
18. Funeral director CI. H. Bedley Lugh Prince Jeorges Triple	Means of Injury Injured at work?
Address Cleverly M.d.	23. SIGNATURE.
10 march 17 1045 amanda Douney	11. SO M. / SVIVE M. D. or-other
(Date rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar)	Address Mt. RAINIER, MD Date signed 3-15-45.

MANTIAND TRAINING TAST BUALTAN

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The Mark Contract of the August

Plant Serieller y Self-London Street

APR 4 1945 BUREAU V.S. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (K3-H)

CERTIFICATE OF DEATH

03113

Reg. Dist. No. 24

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother).
County National City or lown A The Harvelle	State Maryland County Truce george
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town (If outside city er town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 6/08 - Faltural Jouleand
6108 Sallemon Jonesand	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Edna Leigh &	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Tenol war married	20. DATE OF DEATH March 15 19.45 at 1971
6,(6) Name of husband or wife. That of Gordon	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	18, to
deceased (mo., day, yr.) 2 / 3 / 1917	Immediate cause of death
8. AGE: Years Months Days If less than one day	arphylia
2 2 2 . 2hrsmin.	
9. Birthplace (Town, county, and state)	Oue to accele Carlon Monopede
10. Usual occupation.	Dorsony
11. Industry or business	Due fo.
	Other conditions
12. Name Denies Tolor	
14. Maiden neme Lilia	(Include pregnancy within 8 months of death)
15. Birthplace Luchua	Major findings of operations.
Jana R Angland	
Address 6 0 8 - Patheriol Alan	Autopsy results PHYSICIAN: Piease underline the cause to which death should be charged statistically.
transportation march 16.1945	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cromation, or ramoval (Which) (month) (day) (year)	Accident, suicide, or homicide de la
Cemetery or crematory	Where did injury occur? (City er town) (County) (State)
Location North Carolina	Injured at home, farm, Industry, public place (where?)
18. Funeral director E Sasch's SON	Bleans of Injury wood See felt Almitored in work?
Address Sysatterille Ind	repull metical framer
mand of the Ormal Res	23. SIGNATURE M. D. er ofher
19. Marche 16, 1945 James Street	Address Torestorell rednate signed 3-15-66

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MARYI	AND	STATE	DEPARTMENT	OF	HEALTH
MARIL	AIL	SIAIL	DELAKTMENT	UL	HEALII

2411 N. Charles St., Baltimore 95-77

CERTIFICAT	TE OF DEATH Reg. Dist. No. 239
CERTIFICAT 1. PLACE OF DEATH County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) if veteran, name war
3. (a) FULL NAME Pour Gosmus	3. (b) Social Security Number
Male Mile Maried, or divorced	MEDICAL CERTIFICATION 20. DATE DF DEATH 3 9 18.5 31 91304
8. (b) Name of husband or with the state of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18. 2. 10. 2. 15
Address 3/2-4-7h St. January Machania (month) (day) (year) 17. (Burial, cremation, or removal Which?) Cemetery or crematory Location 18. Funerat director, Rev. Fith. Annual Association	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
Address Lawel Mills Market Mar	23. SIGNATURE B Phane M. D. or other Address Date signed 9 4 7



2411 N. Charles St., Baltimore 95.6

CERTIFICATE OF DEATH

()3115 Reg. Dist. No. 2 42

	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
1. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced History Heaves 1 Jule	MEDICAL CERTIFICATION 20. DATE OF DEATH March 25 19#3, at 7:406 x M 21/1 CERTIFY that death occurred on the date above stated; that A ettended deceased from
6.(b) Name of husband or wife	and that I last saw how alive on work 2 18.45 Jamediate cause of death and searches DURATION 5 months
9. Birthplace	Due to Chematic heart. 145.
12. Name	Other conditions (Include pregnancy within 5 months of death) Major findings of operations.
18. Informant Carrie Maryural Roughts Address Carles My RFD Nol. Box 32 17. Removal Bate thereof march, 25-45-	Autopsy results
(Burial, cremation, or removal, Which?) (month) (day) (year) Cemetary or crematory	Accident, suicide, or homicide
Address Wayside md. 18. Funeral allector Address Wayside md. 19. March: 25- 19. 45' Carrie F. Campbell (Date ree'd by registrar) Registrar	23. SIGNATURES M. Spiller M. D. or other Address Drentwood, M.d. Bate stened 3-25-45-

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APR 7 1945

BUREAU V.S.

2411 N. Charles St., Baltimore 1310

CERTIFICATE OF DEATH

()3116 Reg. Dist. No. 2 42

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mothes).
County City or town Hells de	State maryland county Prince George
(If outside city or town limits, write RURAL and give nearest town)	7/9 100, 11
How long in above place of death? 3	City or town
Hospital, tastitution, or street address where death occurred:	Street No. 2 2 1 - 3
	(If rnral, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME/Pelley y. Corneliu	3. (b) Social Security Number
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white Widowed	20. DATE OF DEATH Trach 15 19 45 at 41-PM
B.(6) Name of husband or wife. Alece Harris	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of	
7. Birth date of deceased (mo., day, yr.) abul 16, 18 9	
8. AGE: Years Months Days If less than one day	Immediate cause of death OURATION
60 10 29min.	
9. Birthplace	Oue to.
10. Usual occupation Cetired Jimes man	less accepted
0 + 00 + 10	Ouo t6
11. Industry or business provide the the same of the s	
12. Name Colivard Harris 13. Birthplaco Nestrica I Calumbia	Other conditions
	(Include pregnancy within 3 months of death)
H 14. Maiden name Muhuo Cu	
14. Malden name. huhub.	Major findings of operations.
Jan Malana Nachan	
1B. Informant	Autopsy results
Address & S S S S S S S S S S S S S S S S S S	22. VIOLENCE: tf death was due to external causes, fill in the following;
17. Date thereof month Charlet (very)	Accident, suicide, or homicide
- Margari Collection	
Cemetery or crematory	Where did injury occur?
Jocation John Market State of the State of t	injured at home, farm, industry, public place (where?)
18. Funeral director In In Champles &	Means of Injury Injured at work?
Address 577 -// Ch	ileputy nesteral canull
Address All All All All All All All All All A	
Address	23. SIGNATURE M. D. or other

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2411 N. Charles St., Baltimore Black

CERTIFICATE OF DEATH

()3117 No.242

	Rog. Dist. No. X.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
(If outside city or town limits, write EURAL and give nearest town)	
How long in above place of death? worked here for 7 years	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 1.3 47 - marshed are n. 2
How long in hospital or institution?	(legural give LOCATION)
3. (a) FULL NAME	2.(a) If veteran, name war
Fredrick Olto Hass	Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 745
more white married	20. DATE OF DEATH. Though 7 19 7 21 8 - Am
8.(6) Name of husband or wife Legree Hasslacher	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
449	
7. Birth date of deceased (mo., day, yr.)	and that I last saw halive on
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
58 2hrsmin.	Ceute angestine
9. Birthplace new york City n. y	Due to Carela Vascular
O (Town, county, and state)	renal disease
10. Usual occupation. Tunaquation	Due to.
11. industry or business U. J. Gott.	
E 12. Name.	Other conditions
13. Birthplace New York	(Include pregnancy within 3 months of death)
14. Maiden name Luchus	
15. Birthplace new york	Major Endings of operations
16. Informant Larraine Hasslocher	Antopsy results.
Address 1347 - mod Core n. 9. worth De	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Duris Date thereof 3/10/45	22. VIOLENCE: If death was due to externat causes, fill in the following:
(Bnrial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or cremetory	Where did injury occur?(City or town) (County) (State)
Location Continue Con	Injured at home, farm, industry, public place (where?)
18. Funeral director / / / / / / / / / / / / / / / / / / /	Means of Injury Injured by work?
Address 517 // 18	prepare medical tamer
8-4-44	23. SIGNATURE M. D. or other
(Dato rec'd by registrar)	Address torestally was Date stand 3-7-45



2411 N. Charles St., Baltimore 23-0

CERTIFICATE OF DEATH

03118

Reg. Dist. No. 247

1. PLACE OF DEATH: CE GEORGE County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother) State MARY LAND County PRINCE GEORGE
	City or town. (if outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	TANI DRINKI FV DALD
	Street No
How long In hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
EDITH E HAYDEN	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE WHITE WIDOW	20. DATE OF BEATH MARCH 310 1945, 21 520 PM
6.(b) Name of husband or wife FRED A HAYDEN	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	9-21- 1 19 YS, to Wasel 3 19 YS
7. Birth dale of	and that I last saw h. e. alive on March 2 19 75
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	Cerebral Homarkage 1200
9. Birtholace MAINE	Duo to general arterio -
(Town, county, and state)	Elevario melanon
10. Usual occupation.	Due to.
11. Industry or business	
12. Name MARCELLUS EUGULES	Other conditions
12. Name MA BCEALOS EOGULES 13. Birthplace MAINE	
	(Include pregnancy within 3 months of death)
14. Malden name ALLEM 15. Birthplace MAINE	Major findings of operations.
₹ 15. Birthplace	Oate of op.
16, Informani FRED A. HAYDEN	Autopsy results
Address 741 BRINKLEV RD S. E. WASA	PHYSICIANS Flease underline the cause to which death should be charged statistically.
PT MAILA I MARRIL 7 101	22: VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Oate thereof	Accident, suicide, or homicide
Cemotery or crematory	Where did injury occur?
INACHINETAN DP.	Injured at home, farm, Industry, public place (where?)
Location M.A. Sold M.A. M.	Means of Injury Injury Injury
18. Funeral director	
Address 5/7 // ST St. E.	Frook Valle
3-4- 45 Thos 5 Gillill	23. SIGNATURE M. D. og obbet
19. (Data rec'd by registrar) Decistrar	stitus Warlungton (9 DC Pate stoned)



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PLEASE WRITE

VS A15

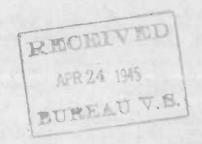
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03119

CERTIFICATE OF DEATH

CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACDOF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 4. 900 (If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME Fred W. Heid	3. (b) Social Security Number
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced water married.	MEDICAL CERTIFICATION 2D. DATE OF DEATH THE SO 19 45 01 6 PM
6.(b) Name of husband or wife the Market Market	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) March 10, 1889	and thet I last saw h
8. AGE: Years Months Days If less than one day 2-0 min.	asphyla
9. Birthplace County and at the Town, county,	Due to Cesiets Carbon Monofull
11. Industry or business	76 10
12. Name luly own	Dther conditions
14. Maiden name unhuren	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Pra Meed Address Renerable had.	Autopsy results
17 Burial (Burial, cremation, or removal. Which?) Date thereof from 3, 1944 Land thereof from 1945 Date the from 1945 Date thereof from 1945 Date thereof from 1945 Date	22. VIOLENCE: It death was due to external causes, full in the following; Accident, suicide, or homicide to the following pate of 3 - 3 0 - 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Cemetery or crematory Location Location Location	(City or town) (County) (State) Injured at home, farm, industry, public place (where?)
18. Funeral director & Sacchs sone Address Ayallerille Ind,	Algertif Riedrol Chaupa
19 Joseph Severy Registrar Registrar	Address



VS A15

Exic	deno	e	for	change	of
			hown		

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B)

CERTIFICATE OF DEATH

Reg.	Diat.	No. 22/
()	31	20121

FILM NO G 9 4 MAY 15 1945	Reg. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Prince George County.	(For newborn infants give residence of mother)
City or town (If outside city of town limits, write RURAL and give nearest town)	State Many land county Prince George
(If outside city oylown limits, write RUKAL and give nearest town)	City or town (1f outside city or town limits, write RURAL and give nearest town)
How long in above place of death? **How long in above place of death?** **How long in above place of death?** **How long in above place of death?** **Thoughts.** **How long in above place of death?** **How long in above place of death?** **Thoughts.** **How long in above place of death?** **How long in above place of death?** **Thoughts.** **How long in above place of death?** **How long in above place of death?* **How long in above place of death.* **How long in	
Prince George General Zospital	Street No. 360 (- 42 002 (If rural, give LOCATION)
How long in hospital or institution?	
3. (a) FULL NAME	2.(a) If veteran, name war
Mrs. Minnie James.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, martied, widowed, or divorced	MEDICAL CERTIFICATION
7 widowed.	2 +5
	20. DATE OF DEATH 19.45, at 30. M
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19 44, 10 March 7 19 45
7. Birth date of	and Mat I last saw halive on
deceased (mo., day, yr.) //G/C/A 3/ / 0/8. AGE: Years Months Deys It less than one day	Immediate cause of death
0. Add.	Otheria many tylen for hot
72	a hieric Poisoning 10day
9. Birthplace	Due to Chronic interstitist maphritis
(Town, conoty, and state)	Duration : Undrown Centa
10. Usual occupation Z/048e wite	Do. I.
11. industry or business	Due to
12. Name William Granville 13. Birthplace winknown	Dither conditions
	(Include prognancy within 8 months of death)
14. Malden name	Major findings of operations
14. Malden name //	Bate of op.
18. Interment Mrs. Pearl Breeden	
	PHYSICIAN: Pleaso underline the cause to which death should he charged statistically.
Address 3601-42 ave- Colmer Manon, Md	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Burisl Date thereof Mar 9, 1945	Accident, suicide, or homicide
(Borial, eremation, or removal, Which?)	
Cemetery or crematory	Where did injury occur?
Location Sulland Md	Injured at home, farm, industry, public place (where?)
7 Gardie sons	Means of Injury Injured at work?
16. Funeral director	
Address Syatterillo maryland	Mara Maggia In
3/8 (Imageda Dounes	23. SIGNATURE
19	Address 27/7-3814 Lac Date signed 3. 7-45

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APR 4 1945

BUREAU V.S.

2411 N. Charles St., Baltimore 13/20

03121 () 3141 Reg. Diat. No. 23/

CERT	IEI	CATE	OF	DE	TL
CERI	LPI	CAIL	OF	ULA	1 1

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Vrence Georges	(For newborn infants give residence of mother)
City or fowe. (If outside city or town limits, write RURAL and give nearest town)	State Mayle County Truck George
(If outside city or town limits, write RURAL and give nearest town)	City or town Server
How long in above place of death? 2 //2 years	(If outside city of town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death, occurred:	Street No. 9223 Fallung Cong
	(If rural, give LOCATION)
How long in hospifal or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
LINA AGNES KLATT	None
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fewer white bedoned	
Filmer 100 mon 100 mon on -cot	20. DATE OF DEATH March 2 6 1845 at / D'. 20 AM
8, (b) Namo of husband or wite Cabert a Cleatt	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) aful 2 v, 1862	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Can and Canal of Gentle
8 2 11 4hrsmin.	
9. Birthplace	an Cardinanulas al mad
9. Birihpiace (Town, county and state)	Duo to
10. Usuel occupation how	Molecul
11. Industry or business Househofe	Duo to
E 12. Name gottless Ceresel	Diher conditions
13. Birthplace Que	(Include pregnancy within 3 months of death)
14. Maiden name admithe 7 afre	
15. Birthplace Go	Major findings of operations.
	Dafe of op.
16, Informant	Antopsy results
Address 9223 - Balting are,	
17. Burial Dafe fhereof 3-29-45 (month) (day) (year)	22. VIOLENCE: If death was due to exfernal causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Parkwood Cemetery	Where did injury occur?
	Where did injury occur? (City or town) (County) (State)
Location Ealtimore, Maryland	Injured at home, farm, Industry, public place (where?)
18. Funeral director HENRY SANDER & SONS, INC.	Means of Injury Injured af work?
Address NORTH AVE. & BROADWAY	heputy medical commen
2/20/15 11/11/11/11	23. SIGNATURE D. or other
19. (Date rec'd by registrar)	e librara van VII hara sa se suit
(Lade tee d by registrar)	Address Dato signed 3

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Rie d. V.S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1376

CERTIFICATE OF DEATH

03122 Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town leak of Thought	State Maryland County Prince George's
(If outside city or town limits, write RURAL and give nearest town)	" NOSALT NOSALIZ
How long in obove place of death?	(If outside city or town limits, write RIRAL and give nearest town)
nosyra, instrument, or strong address where the strong occurred:	Sireet No. / are theer
How long in hospital or institution?	" (If rural, give LOCATION)
3. (a) FULL NAME	2.(a) If veteran, name war
Harry Jancas	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
many colored merchanical	20. DATE DE DEATH March 14 19 45 3 0 9 P.
6.(b) Name of husband or wife. Wellty Jources	
7. Birth date of	
deceased (mo., day, yr.) Unknown	and that I last saw halive on
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION DURATION
6 7 mh	Tenal desear
9. Birthplace (Town, county, and state)	Due to
1D. Usual occupation. Toleaner	Bue to.
11. Industry or business	
12. Name	Dther conditions
	(Include pregnancy within 8 months of death)
14. Malden name to all Jancoste M 15. Birthplace	Major findings of operations
a Olovet N as	Date of op.
Address Die Don't Height Weg	Autopsy results
Barrell Ad 116	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereof (month) (wash (year)	Accident, suicide, or homicide
Cemetery or crematory Payness emelling	Where did injury occor?
Location Blump Fa. M.E.	Injured at home, farm, industry, public place (where?)
18. Funeral director of the state of the sta	Means of Injury Injured at work?
Address / Compaperlass	Madage of the Comme
19 3-47 Jone 9 6 7 Meritra	23. SIGNATURE M. D. or other M. D. or other
, ynegistra.	Address Date signed 2



2411 N. Charles St., Baltimore Blo

EDTIFICATE OF DEATH

03123 Reg. Dist. No. 239

CERTIFICA'	TE OF DEATH Reg. Dist. No. 239
CERTIFICATION 1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stale
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME Lillie &. Lawson	3. (b) Social Security Number
4. Sex 5. Color or race S.(a)Single, married, widowed, or divorced Willowed Wil	MEDICAL CERTIFICATION 20. DATE DF DEATH
6.(c) Name of husband or wife	and that I last saw h alive on 2/5/45 18
8. AGE: Years Marths Days It less than one day	Immediate cause of death DURATION
9. Birthplace Mary Law (Town, coorty, and state) 10. Usual occupation Housewife	Due to May feeten . Classe
11. Industry or business 1 4 10	Due to
13. Birthplace Mo	(Include pregnancy within 3 months of death)
14. Malden name & Ellew R. Culsand 15. Birthplace 16, Informant August Lawson	Major findings of operations. Bate of op.
Address Laurel Mil Mich 8-45	PHYSICIAN: Flease woderline the cause to which death shoold be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, eremation, or removal. Which?) Cemelery or crematory, (month) (day) (year)	Where did injury occur?
Location Agalls town Mills Funeral director of toys RaiseV	Injured at home, tarm, industry, public place (where?) Means of injury injured at work?
19 March 8 19 45 Caro E Wachte	23. SIGNATURE M. LEST ther



W. P. LEGGERSTEINSTEINSTEIN CONTRACT INVITED

2411 N. Charles St., Baltimore 3/76-

CERTIFICATE OF DEATH

()31.24 Reg. Dist. No. 239

1. PLACE OF DEATH: County	write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland County City or town Fulton (If outside city or town limits, write RURAL and give nearest town) Street No.
Washington Blvd, as Bow long in hospital or institution?	***************************************	(If rural, give LOCATION)
3. (a) FULL NAME	***************************************	. 2.(a) It veteran, name war
	nton Lewis	3. (b) Social Security Number
4. Sex 5. Color or race 6.	(a)Single, married, wildowed, or divorced Single	MEDICAL CERTIFICATION 1 20. Date of Death 19 12: 45
6.(b) Name of husband or wife		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	B.(c) It alive, give ageyear	and that I last saw h alive on 19
deceased (mo., day, yr.) December	r 28,1924	Immediate cause of death DURATION
8. AGE: Years Months 20 2	Days If less than one day 5	Hedorrhage and shock
Birthplace Washington (Town, count Farme: Industry or business	r	Due to Crushed skull crushed chest, fractured pelvis and femur
12. Name Jesse J. Lev 13. Birthplace Maryland	WIS	Dther conditions
# 14. Maiden name Nettie V.	Pierpont	(Include pregnancy within 8 months of death)
t4. Maiden name Nettie V. 15. Birthplace Maryland 18. Informant Mrs. Nettie L. Fulton, Md.	ewis	Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Flease underline the cause to which death should be charged statistically.
Manicas	(month) (day) (year) Wayland Usu Cya & Waclatea Registrar	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Accident Bate of 3/5/45 Where did injury occurraturel City or town) (County) Injured at home, farm, industry, public place (where?) Means of injury Collision with injured at work? Deputy Medical Examine 23. SIGNATURE M. D. of other Address. Date signed 1/6/45



PLEASE WRITE PLAINLY,

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-0)

CEPTIFICATE OF DEATH

County of 7 242

	CERTIFICATE OF DEATH	Reg. Dist. No.
County	City or town	Couply Co
How long in hospital or institution?	2.(ø) It veteran, name war	
3. (a) FULL NAME CHRISTIPH 4. Sex 5. Color or race b.(a) Single, marr		3. (b) Social Security Number DICAL CERTIFICATION
6.(b) Name of husband or wite 6.(c) If all	live, give age years March 7	on the date above stated; that Lattended deceased from
er l	less than one day and that I last saw h. alive Immediate cause of death erreform	
9. Birthplace (Toyln, county, and state)	l Bueto Hafve	tension 8 gm
1D. Usual occupation.	Due to	ln 3 200
11. Industry or business 12. Name 13. Birthplace	Differ conditions AND	visselveris 10 gra
14. Maiden name Sabeth 15. Birthplace	Major findings of operations	
16. Intermatile Malter C	Tuesty ! Autopsy results M	Date of op
17	(month) (day) (year) Accident, suicide, or homicide.	
Cemetery or crematory Illustrative E Location Forestignee	Clead.	ity or town) (County) (State)
18. Funerat director W. US. Cham	herr Es, Means of injury	Injured at work?
Address 5/7 // 2 4	23. SIGNATURE	M. D. or other
19 (Date ree'd by registrar)	Registrar Address William	Morffee Date signed 3-8-45

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BUREAU V.S.

PLEASE

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MARYLAND S	TATE	DEPARTMENT	OF	HEALTE
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2411 N. Charles St., Baltimore (3)

CERTIFICATE OF DEATH

031262 42

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF For newborn infunts give residence of me	DECEASED:
County Much George	M. Mar. O	Of a Garage
City or town	24.00	
How long in above place of doath?	City or town	write RURAL and give pearest town)
Hospital, Institution, or stroet address where doubt occurred	Stroet No. 6 7 5 7 - Jury	ngoton Wad
How long in hospital or institution?	(If rural, give Le	OCATION)
3.(a) FULL NAME	2.(a) If veteran, namo war	***************************************
James Fredrick W	iorshall	3. (b) Social Security Number
4. Sex (5. Color or raco) 6.(a) Single, married, widowed, or divorced	MEDICAL CER	RTIFICATION
may Colored married	20. DATE OF DEATH. March	13 1945 at 1 1 PM
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above	stated; that I attended deceased from
6.(c) If alivo, give age 6 9 years	19	1019
7. Birth date of deceased (mo., day, yr.)	and that f last saw halive on	19
8. AGE: Yoars Months Days If loss than ood day	Immediate cause of death	DURATION
74 2 /3nin.	grant langes	livel
Charle Car I	The Tarke	
9. Birihplace (Town, county, and state)	Due to.	Address to the state of the sta
10. Usual occupation Johnson	Jan Dalin and Land	
11. Industry or business Farm	Due to	***************************************
# 12. Name Bruce marshall	Dthor conditions	
13. Birthplaco mangland		010000000000000000000000000000000000000
置 14. Maidon name Luchuduu	(Include pregnancy within 8 mor	
g 15. Birthplace Manyland	Major findings of uperations	
16. Informant Sarah marshall	A.A	
Address 757 - Learn Road	PHYSICIAN: Please underline the cause to which	
17 Removal. Bate thereof. 3-14-45	22. VIOLENCE: If death was due to external causes	, fill in the following;
(Buriai, eremation, or removal, Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide	
Comotery or crematory	Where did injury occur?(City or town)	(County) (State)
Location Was Langton DX.	Injured at homo, farm, Industry, public place (where	
18. Funeral director to hu / Stevent	Means of Injury	- Injured af work?
Address 36 - H - Ot. N. V 5. 8.	seeput mede	e of Experience
3/14 Whos & Gallle	23. SIGNATURE	M.D. or other
(Date rec'd by registrar) Registrar	Address Theolylly	Date signod 3 - 13 - 41



TO ASSOCIATE ASSETS

The correct	legibly.
tion carefully	h clearly and
f informa	s of deat
ry item o	the cause
ply eve	write
dng	ase
ING NIE Sup	rsicians: please
H UNFADING KNE. Sup	ortant. Physicians: please
NLY, WITH UNFADING XNIC SUP	cially important. Physicians: please
PLEASE WRITE PLAINLY, WITH UNFADING NIF. Supply every item of information carefully. The correct	is especially important. Physicians: please

Change of items 7 & 8. Film No. G94. 4/13/45. C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03127

Reg. Dist. No. 23/

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		County
State	If outside city or town limits, write RURAL and give nearest town)	
Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.	lace of death?	How long to above pla Hospital, institution,
		3. (a) FULL NA
3. (b) Social Security Number	John Mc. C.I	3. (a) FULL NA
MEDICAL CERTIFICATION	5. Color or race 6.(a)Single, married, widowed, or divorced	4. Sex
20. DATE OF DEATH 3-/2 19.45- at	w have	m
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4.7. to		6.(¿) Name of husbar 7. Birth date of
Immediate cause of death	ears Months Days If less than one day	deceased (mo., day
aviele Follotien Zunel	71 4 /2hrsmin.	18/10
Due to Commande of the classical	(Town, county, and state)	9. Birthplace
Marie Date State S	or	10. Usuat occupation
Due fo		11. Industry or busin
Dther cooditions	game hickory	1 (-)
(Include pregnancy within 8 months of death)	Elizabet Daniel	<u>«</u> 1
Major findings el operations	me The Addition of the Additio	14. Malden nam
	Institut Pagarda	
Autopay results PHYSICIAN: Ptease underling the cause to which death should be charged statistically.	rince George Hospital	
22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	Date thereof	
Where did injury occur?	7. + 1	Cemetery or crem
Injured af home, farm, Industry, public place (where?)	Cadensburg Rd. + D. C. Link	Location BL
Means of Injury Injured at work?	William J. Nalley	18. Funeral director
23. SIGNATURE (M3 Meny cue 2 M D.	00 - R.J. ave, mt. Rainer, md	Address 32
Address Jut . Rain und Date signed 13.43	registrar) 19 45 Umanda Dourlag Registrar	19

SHOW THE BUILDING

2411 N. Charles St., Baltimore 3-6 CERTIFICATE OF DEATH 03128

1. PLACE	Prince	H: e George	9 ¹ S		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town Glenn Dale, Maryland (rural) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 3 MOS. 11 days Hospital, institution, or street address where death occurred: Glenn Dale Sanatorium Now long in hospital or institution? 3 MOS. 11. days				ll days : m	State D. C. County City or town Washington (If outside city or town limits, write RURAL Street No. 1816 T. St. N. W., (If rural, give LOCATION) 2.(a) it veteran, name war.	and give nearest town) Apt. #2.
3. (a) FUL		uc,	INTE	OSH, LEON	3. (b) Socia 578	al Security Number 3-16-8475
1. Set Mu	le 5.	Color or race	M	n, married, Midowed, or divorced	MEDICAL CERTIFICAT	
6.(b) Name of	f			McIntosh) If alive, give age 36years	21. I CERTIFY that death occurred on the date above stated; that is and that i last saw h	3/20 1945
8. AGE:	Years 37	Months 7	Days 1	It less than one daymin.	Immediate cause of death	
10. Usual occ 11. Industry o	upationr business	Car Wash Henry Mo	ner (Ori cIntosh	n Carolina tate) r's Garage) uth Carolina	Due to	
16. Informant	olace	Julia Ko Floro Decedent	ence, S	outh Carolina	(Incinde pregnancy within 8 months of death) Major findings of operations	ot op.
	crematory	removal. Which	Date there The state of the st	(month) (day) (year) 1 D-C Ne Luile No- Loug S. Philips.	Where did injury occur? (City or town) (Cour injured at home, farm, industry, public place (where?) (Neans of injury injured)	late of

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APR 6 1945

BUPEAU V.S.

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

()3129 Rev. Dist. No. 2 42

	Reg. Diat. No.2	A. O. Calina
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County Capital Heights	(For newboru infants give residence of mother)	Maria
City or town		
How long in above place of death?	City or town	nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 601-48th Ane	
	(If rural, give LOCATION)	*************************
How long in hospital or institution?	2.(a) It veteran, name war. Would Wal I	***************************************
3. (a) FULL NAME Wilber martin miller	3. (b) Social Securit	ty Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male white haved	20. DATE OF DEATH. March 6 1945	at 3:30 M. m
6.(b) Name of husband or wife makel Elizabeth	21. I CERTIFY that death occurred on the date above slated; that I attended de	
3 00	march t " 45 Denne	
7. Birth date of	8	19. 4.1.
deceased (mo., day, yr.) august 29, 1889	Immediate cause of death Communication	
8. AGE: Years Months Days If less than one day	anombreis &	7 Louis
hrsmin.		
9. Birthplace Cortland New York . (Town, country, and state)	Due to	***************************************
10. Usual occupation Chief Communication Strategy	A	*****
11. Industry or business DUS Range	Due to	
	NO. of To be defined	10.
12. Name martin miller 13. Birthplace hew york state	Other conditions	. s. gear
	(Include pregnancy within 8 months of death)	
14. Malden name Leaving Carr 15. Birthplace hew York State	Major findings af operations	***************************************
≥1 15. Birthplace	- Date of op	
16. Informant hus natural cla huller	Autopsy results.	
Address 601-48th Ane, Capital Heighte Med.	PHYSICIAN: Flease underline the cause to which death should be charge	ed statistically.
17 Busial Date thereof 3-Vo-45	22. VIOLENCE: If death was due to external causes, till in the tollowing;	
(Burial, cremation, or remark), (day) (year)	Accident, suicide, or homicide	
Cemetery or cremato	Where did injury occur?	(State)
Location Milington, Na	Injured at home, farm, Industry, public place (where?)	
18. Funeral director of the Chambers &	Means of Injury Injured all work?	
Address 6/7 // # # 2/5	30 8	
7 C . 4 C . 10 10	23. SIGNATURE William Quann	<u> </u>
19. march 7 19 45 - Carrie F. Campbell	Capital Here like my	20/1-
(Date rec'd by registrar) Registrar	Address Capitol Recelle My Date signed	76/15

love

3/6/45 Coroner Bayd notified & consent for engrature of welificate given William Branin HO RECEIVED APR 7 1945 BUREAU V.S.

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93

CERTIFICATE OF DEATH

03130

Reg. Dist. No. 23/

City or town. Chevely Md. City or town. (If ontside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution? Adams.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Mr. Carl Vernon Moor	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION 3 - // 18 4) - 11 - A. M
8.(6) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 2	21. I CERTIFY that death occurred on the date above stated; thet I attended deceased from 19. 1. 10. 2. 19. 1
10. Usual occupetion	Due to
14. Maiden name. Iola Pollard Va. 18. Interment. Prs. Iola Meere.	(Include pregnancy within 3 months of death) Major findings of operations
Address 4494 Madison St Hyattsville, md.	Actopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial Bate thereof 3 + 4 (Barial, cremation, or removal Which?) Cemetery or crematory. 4 current lumeling	Accident, suicide, or homicide
18. Funeral director LVW hambers &	Means of Injury tnjured at work?
19. 3/12 19 45 Amanda Doursey (Date rec'd by registrar) Registrar	23. SIGNATURE M. D. or other Address H attacle Led Date signed 3-//49-

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MAR 14 1945

BUREAU V 8.

RESERVED FOR BINDING

M	rrect age
4	. The co
MAKGIN KESEKKELOK BINDING	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.
	WITH impor
P	E PLAINLY, is especially
VS AIG	ASE WRIT
S	PLE

			CERTIFICA'	TE OF DEATH	Reg. Diat. No	100000000000000000000000000000000000000
City or town	of death? 1 yr street address where d	n Dala, l nits, write RURAL . 3 Mos. eath occurred: Sana tori	um	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
3. (a) FÜLL NAM		TURRA	Y WILLIA	IM	3. (b) Social Securit 220-07-	•
4. Sex male	5. Color or race White Rose		ed, wislowed, or divorced owed dec.)	20. DATE DE BEATH	ove stated; that I attended de	ceased from
7. Birth date of deceased (mo., day,) 8. AGE: Years 41	Aug. 8, Months 7 Washington	1903 Bays 111 14	ve, give ageyear less than one dayhrsmin.	and that I last saw hairs alive on	march 22	L 19.45.
10. Vauat occupation 11. Industry or husines 12. Name	Metal wo George Washing	Murray ton, D. (Dither conditions	montha of death)	
14. Malden name. 15. Birthplace	Washing	e Hatcher ton, D. (nt	108880088880088888888888888888888888888	Major findings of operations	Date of op	ad statistically
Cemetery or cremate	aslum	Bate thereof	(month) (day) (year)	22. VIOLENCE: If death was due to external ca Accident, suicide, or homicide	uses, fill in the following; Bate of (County)	(State)
18. Funeral director Address 4 3 19.	6-74 :221845	Rowle	Wash. Rulips	23. SIGNATURE Daniel Leo.	en .	e M.D. or other d. 3/22/45

APR 6 1945
BUREAU V.F

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	te	0
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	er	7
	Ae	40
	N	777
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	H UNFADING INM, Supply every item of information carefully. The con	+44

Evidence for change of age is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

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411	N.	Charles	St.,	Baltimore	0	3-2

U	31	5	2		
				2	45

FILM No. G 9 4 MAY 15 1945 CERTIFICAT	TE OF DEATH Reg. Diat. No. 24
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate County City or town (If outside city or town limits, write RURAL and give nearest town) Sireet No. 200 (If rural, give LOCATION) 2.(a) If veleran, name war
	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Yenale Walte Wellow 6.(b) Name of husband or wite Welling ton M. Nelson	MEDICAL CERTIFICATION 20. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.) May 8, 1861	and that I last saw h
8. AGE: Years Months Days It less than one dayhrsmin. 9. Birthplace Wary Lewel	Bue to Aubertanaan
tD. Usual occupation	Due to.
12. Name. John Candrigan 13. Birthplace Peland Shaughnessy 14. Maldee name Jorona O Shaughnessy	Giher conditions
14. Maideo name Jorona O Shaughnessy 15. Birthpiace Irelandel 18. interment Jacreel Heart Hone Records	Major findings of operations
Address Agallsville Mag 17. Remodel Date thereof 3-22-43 (Burial, cremation, or removal, Which?), (month) (day) (year)	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Loc	Where did injury occur?
Address 3821-14th, St My Wood Mo. 19 March 22 19 45 James Severe (Date roc'd by registrar) (Date roc'd by registrar)	23. SIGNATURE M. D. sr other Address 355 HOVE Date signed 3-25 45

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APR 5 1945

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2411 N. Charles St., Baltimore 3/-

CERTIFICATE OF DEATH

(13133 Reg. Diet. No. 245

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Trans	State Manyland County Mantagandry
City or town. This delicated the state of the control of the control of the city or town limits, write Explant and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
Lelande Merseal Santal	Sireet No. 100 Facutth and
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
mr. Rabert Joseph. Norton	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white widowed	20. DATE OF DEATH 3/12 19 45 at / 9. M
6.(b) Name of husband or wife Marian C. Marton.	21. I CERTIFY that Beath occurred on the date above stated; that I altended deceased from
	3/10 19.45 to 3/12 19.73
7. Birth date of	and that I last saw have alive on Way 11955
	Immediate cause of death
8. AGE: Years Months Days If tess than one day P.3 3 2	Caraco-varivear news 3 mos
	and the same of th
9. Birthplace Sid gs Maryland (Town, county, and state)	Due to.
9 +	and the second of the
10. Usual occupation	Dueto
11. Industry or business	O'lunger aranovellan
12. Name Robert N. Dartaw	Other conditions
3. Birthplace maryland	
	(Include pregnancy within 3 months of death)
	Major findings of operations.
2 15. Birtholace Maryland.	Bate of op.
16. Informant Robert L. Darton (Soul)	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 100 Forest and, JK. PK, and	
Pr - 0 3 12 45	22. VIOLENCE: If death was due to external causes, fill in the fellowing;
(Burist, cremation, or removal. Which?) Bate thereof (month) (day) (year)	Accident, suicido, or homicide
Cemetery or crematory 400 Chapta XI	Where did Injury occur?
Location Work OC 6.	Injured at home, farm, Industry, public place (where?)
18. Funeral director W. Olscambers	Means of Linjury Injured at work?
Address Reverlace mod	23 SIGNATURE OC / MORNING MA
19. March 12, 1946 James Succe. (Date rec'd by registrar) 1946 James Succe. Registrar	Addres Riverdale, Md. Date star 12/1/2/5
(Date Let a by registrar)	

STATE OF STREET, STATE OF THE STATE OF

CERSELIEURI DE READE

Mark Brown Committee

APR 5 1945

BUREAU V.S

2411 N. Charles St., Baltimore 576

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CERTIFICATE OF DEATH

og. Dist. No. 2 30

1. PLACE OF DEATH: Gen, County	2. USUAL RESIDENCE (HOME) OF DECEASED:
City or town Berwyn md.	State Maryland County Gro Seo Co.
(If outside city of town limits, write RURAL and give nearest town)	City or town Berry nd.
How long in above place of death?	City or town
Hospital, institution, or street address where death accurred:	Street No.
	(If ryfal one LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Maurice Edgar (Price. 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widow of or divorced	MEDICAL CERTIFICATION
male white widowed	20. DATE OF DEAT Prace 6, 19 45 4:00
6.(b) Name of husband or wife Durginia Grice	21. I CERTIFY that death occurred on the dale above staled; that I attended deceased from
	March 5- 19 45 10 March 19 4d
7. Birth date of deceased (mo., day, yr.) 2007, 17, 1882.	and that I last saw ham alive on March 4 2001 13
8. AGE: Years Months Days It less than one day	Immediate cause of death
	aut
	Land of protete Clark 24ms
9. Birthpisce Maryl and (Town, country and state)	Due to
To anall shinelow	
10. Usual occupation.	Due to
tt. industry or business was in the surface communal	
12. Name Wmo Thoshas Gree . 13. Birthplace maryland	Dther conditions
14. Maiden name algerine Turner	(Include pregnancy within 5 months of death)
14. Malden name algerine Twrner 15. Birthplace maryland	Major findings of operations.
15. Birthplace	
to Informant defined de sales africa	Autopsy results.
Address 2324-22d st. loasling (ndf. C.	PHYStCIAN: Please underline the cause to which death should be charged statistically.
17 Ewrial Bale thereof Mars 8, 1945	22. VIOLENCE: It death was due to external causes, till in the following;
(Burial, cremation, or removal Which?) (month) (day) (year)	Accident, suicide, or homicide
Gemelery or crematory Took Lincoln	Where did injury occur?
Incalled Colonar manor mad	Injured at home, larm, industry, public place (where?)
Fo Grache some	Means of injury Injured at work?
18. Funeral director	^
Address Syrallerille Ind.	23. SIGNATURE No alley Gullett
19. March 9th 19 4 5 John Deriver	M. D. oc. other



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Bastimore 93.2

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infunts give residence of mother).
County	State MARY GANG. County RINCE GEORGE
(If outside city or town limits, write RURAL and give nearest town)	D. All DA PANY
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 4632. O. A. V. S. A. D. E. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Lohn N. RAn	Kip.
4. Sex 5. Color or race 6.(a) Single, married, widowed, or diversed	MEDICAL CERTIFICATION
116 Sp marries	20. DATE OF DEATH Manh 27 19 45 at 9:000 M
6,(b) Name of husband or wife Alkenina & Caully	Gr. I CERTIEY that death occurred on the dale above stated; that lattended deceased trom
(c) If alive, give age years	April 1999, 10 March 23 197)
7. Birth date of	and that I lost saw h J see alive on hearth 25 19 92
deceased (mo., day, yr.) 8. AGE: Years Months Bays It less than one day	Immediate caose of death DURATION
11 / hrs. / min.	ayrismo promo 6 arg
Mency or .	Que to Interior llove 10 years
9. Sirthplace (Down, county, and sense)	Due to
10. Usual occupation	Due to
11. Industry or business	1
12. Name	Other conditions
	7
H 14. Malgien nam	(Include pregnancy within 3 months of death)
S 15 Birthniaca 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Major findings of operations.
X a life in a selection of the selection	Autopsy results.
16. Intermapt	PHYSICIAN: Please underling the cause to which death should be charged statistically.
Address 6/0 - 3/3/195	22. VfOLENCE: If death was due to external causes, till in the following:
(Burial, cremution, or removed, Which?) Bate thereot	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director the Chambers	Peans of Injury Injured at work?
177-114 11/10	21 , 2/ 1.
Address	23. SIGNATURE Auruly N. M. D. or other
19. 3/28 1945 Umanda Oluray (Date/rec'd by registrar) Hegistrar	Address 5 440 liber Will Py Date signed 3-23-45
(bandaro a ny regionary) speciment	J.E.

APR A 1915 BUREAU V.S.

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 108

CERTIFICATE OF DEATH

()3136 Reg. Dist. No. 245

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Prince Dearses	state Mary Land county Prince Deorges
City or town(If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town Amita, write RURAL and give nearest town)
How long in above place of death?	
Hospital, Institution, or street address where death occurred:	Street No. Mowut Lave (If rurai, give LOCATION)
How tong in hospitat or institution?	2.(a) If veteran, name war
2 (a) FILLI NAME	3.(b) Social Security Number
games Koss Keiley	
4. Sex 5. Color or rate 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
mwm	2D. DATE OF DEATH MAR 20 19.45 21 6 3 M
6.(6) Hame of bushand or wife. mark yaret Orrilla Reily	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from 19. 45. 19. 45. 10. 19. 45.
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) March 10, 1940 ACE: Years Months Days If test than one day	Immediate cause of death DURATION
8. AGE: Years Months Days If test than one day	Loon framana Jaloy
- 1 1 2	
9. Birthplace	Due to
10. Usual occupation	Bus to
11. Industry or business	franchis fra
	Other conditions Mybrardeal Facility
12. Name James Ross Kelly 13. Birthotace Vlork Pa) y pertension loyes
	(Include pregnancy within 3 months of death)
14. Maiden name Alice Puwell St. 15. Birthplace Wash D.	Major findings of operations. Date of op.
16. Informant Hospital Records	Astoney results A femu.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial march 33, 194	-22. VIOLENCE: if death was due to externat causes, fill in the following:
Burial (Burial cremation, or removal Which?) Bate thereo march 33, 1946 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Rock Crelk	Where did injury occur?
(washington S.C.	injured at home, farm, industry, public place (where?)
Location Location Some	Means of injury tnjured at work?
19. Funeral director.	0.12 72 1-
Address Sy alberille ma,	23. SIGNATURE A. Maline M.S.
"March 22 , 45 James Severe	B west ble mil 3-91-45
(Date roo'd by registrar)	Address Date signed Date signed

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APR 5 1945
BUREAU V.S.

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	MARYLAND	STATE	DEPARTMENT	OF	HEALTH
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2411 N. Charles St., Baltimore 926

CERTIFICATE OF DEATH

Reg. Dist. No. 23/

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Line 9	(For newborn infants give residence of mother)
(If ontside city or town mits, write RURAL and give nearest town)	State
How long in above place of death?	City or town (If odiside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred.	
Prince George Sen Asapeta	officer incommendation
How long in hospital or institution?	(If rural, give LOCATION)
4	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, midowed, or divorced	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temple White Wadow	2D. DATE OF DEATH March. 3 1945, et 7: 409 M
8.(6) Name of husband or wife Trederich & Receive	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Feb. 23 1845 to March 3 1845
7. Birth date of Jeans S. (c) If alive, give ege years	and that I last saw h.S.t. alive on March 2 19.4.5
deceased (mo., day, yr.) March 5, 1885	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	
59 11 29hrsmin.	
10:11 0/0	- Macual almost in Sungario
B. Birthplace	but to le My ocarditis; duration, UNK now!
10. Usual occupation	Culd
10. Usual occupation	Due to
11. Industry or business	
12. Name Notested Summans 13. Birthplace 7. J.	Other conditions
13. Birthplace 7. J.	
	(Include pregnancy within 8 months of death)
14. Maiden name. Halles 15. 8irthplace Trenton N. C.	Major fisdings of operations.
\$ 15. Birthplace Treplon, n. (L.	- Date ot on.
18. Informant John Russey	
Address 5419 Sallatin St.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically,
	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
17. Removal. (Burial, cremation, or removal. Which?) Date thereof. March 3rd 1945 (month) (day) (year)	Accident, suicide, or homicide
Commetery or crematory (Burial to be in Rock Creek Cemet.	
	Where did injury occur?
Location Washington, D.C.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Joseph Fr. Birch's Sons	Means of Injury Injured at work?
Address 3034-M St. N.W Wash. D.C.	o Ol a pola a man
	23. SIGNATURE harles C. Haglage M. A.
19. March 3 18.45 Amanda Dourly Registrar	Address Mt. Ramier, md. Date signed Which 3, 1945

AND THE PERSON THE PERSON OF T

APR 4 1945
BUPEAU V.S.

2411 N. Charles St., Baltimore 135-0

CERTIFICAT	TE OF DEATH Rog. Diat. No. 433
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Saward Pichard 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	3. (b) Social Security Number
male while masried	2D. DATE OF DEATH. 3 6 19 19 19 11:30 MEDICAL CERTIFICATION 45
8.(b) Name of best and or wife 200 VChause 7. Sirth date of deceased (mo., day, yr.)	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19
8. AGE: Years Monthe Days It less than one day 20hrsmin.	Cardiac Yacompaniation
9. Birthpiace	Due to Denitity
12. Name John Brichards 13. Birthplace md 19	Other conditions
14. Malden game Anna Pubbons 15. Birthplace 16. Informant Alvin Richards	Major findings of operations
Address Westwood Md 17. Verral (Burial, cremation, or removal, Which?) Quie thereof Mary (1947) (year)	Pilysician: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causee, fill in the following; Accident, suicide, or homicide
Cemetery or crematory Eastward Church Cem	Where did injury occur?
18. Funeral director. Reterie Bros Address Upper Marlyono End	Means of Injury Injured at work?
19. Max 7 1945 Ernest H. Garne Registrar	Address Walday Ma Date signed 17



2411 N. Charles St., Baltimore 13.7

CERTIFICATE OF DEATH

()31314₃

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race b.(a) Single married, widowed, or divorced Whate Sugle 6. (b) Name of husband or wife.	MEDICAL CERTIFICATION 20. DATE DF DEATH 1945 at 1945 M 21. I CERTIFY that death occurred on the date above stated; that lettended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last saw h and allive on DURATION Immediate cause of death DURATION
B. Birthplace Town, chunty, and state)	Due to Flas affrance.
10. Usual occupation	Due fo
13. Birthplace 14. Maiden name 15. Birthplace 15. Birthplace 16. Dirthplace	(Include pregnuncy within 3 months of death) Major findings of operations
16. Informant VI ns Clinabeth a Rawlings Address Veau & vive	Autopsy results PHYSICIAN: Flease underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following;
(Buriai, cremation, or removal. Which?) Cemetery or crematory	Accident, suicide, or homicide
18. Funeral director Martini Flading Sous Address Rowie That	Means of Injury Injured at work? Injured at work?
18 March 11 18 45 Mas. J. W. Yungling (Date ree'd by registrar)	23. SIGNATURE M. D. or other Address Address

APR 6 1945
BUREAU V.

2411 N. Charles St., Baltimore /78.7 CERTIFICATE OF DEATH

I. PLACE OF DEATH: County J. M. C. Georges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infapts give residence of mother)	
City or town (If outside city or town limits, write RURAL and give nearest town)	State Markaud County Time Geoglo	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address/where death occurred:	4810-468h	
4810-49th At	(If rural, give LOCATION)	
Now long in hospital or institution?	2.(a) If veteran, name war	
3.(a) FULL NAME Kate Rahertson	3. (b) Social Security Number	
4. Sex 5. Color or rece 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Jewole White humed	20. DATE OF DEATH.	
6.(6) Name of husband or wife Walliam & Robertson	21. 1 CERTIFY that death occurred on the date above stated; that I attended deceased from	
	, to1919	
7. Birth date of deceased (mo., day, yr.) Zel 16, 1866	and that I last saw halive on	
8. AGE: Years Months Days If less than one day	Immediate cause of death	
79	aspluge	
hrs,min.		
9. Birthplace (Town, couft), and state)	Due to a cert Coulon monopole	
10. Usual occupation / to rese wife	Posson	
11. Industry or business or A	Due to	
12. Name Clarid Sout	Dither conditions	
a 13. Birthplace Ohio	(Include pregnancy within 8 months of death)	
H 14. Malden name works	(Include pregnancy within 8 months of death)	
14. Maiden name	Major findings of operations.	
15. Birinpiacs	Date of op	
16. Informant John B, Perterlass	Autopsy results	
Address washington Il (1310) warm 7. E.	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
17. Burial (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide and the suicide and	
	Selection of the OS	
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)	
Location Zulland Ind	Injured at home, farm, Industry, public place (where?)	
18. Funeral director. I Sasch's some	Means of injured at work? No	
Address My atterible md.	Alepety medical stowers	
19 March 13 19 46 Janus Sevin (Dato rec'd by registrar) Registrar	23. SIGHKTUNE OM D. or other Address Date signed 3 1 2 4 5	
V 107 / 25 10815411	· number	



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	8	>	
1	1		

2411 N. Charles St., Baltimore 178-0

CERTIFICATE OF DEATH

03141 deg. Dist. No. 245

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Sures Sangar	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give pearest town)	State May County Succe George
How long In above place of death? Ten months	(If nutside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 4 810 - 4 gch Street
4810-49th street	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME William Elmer Ro	bertson 3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
mole white married	20. DATE OF DEATH March 1 19 45 at 1
Rati Ruta	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(6) Name of husband or wife.	21.1 CENTIFY (nat used no occurred on the uses above states; that i attended deceased from
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) 26, 1862	Immediate cause of death
8. AGE: Years Months Days It less than one day	asplique
827 7 /3hrsmin.	
9. Birthplace Washington PC	Due to acute Carlon moscopedo
(Town, county, and state)	Joseph
1B. Usual occupation	bus to.
11. Industry or business	
12. Name Thomas C Toherson 13. Birthplace march	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Sand Elizabeth Seurs, 15. Birthplace Wash Len PZ	Major findings of operations.
\$ 15. Birthplace Washington	Date of op.
16. Interment lessel & Rabertson	Autensy results.
Address 3 Ro 1 - adams Street 22 Washile No	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Ber 12 march 1/3 1944	22. VIOLENCE: If death was due to external causes, till in the following;
(Burial, eremation, nr removal Which?) Date therebi (menth) (day) (year)	Accident, suicide, or homicide.
Cemetery or crematory. Gedan Hill	Where did injury occur? (City or town) (County) (State)
Location Scrittland Ind.	Injured at home, farm, industry, public place (where?)
I Genela some	Means of Injures coping gas _ Injured at work? ho
18. Funeral director	blegety medical former
Address Ayallavelle Mil.	23. SIGNATURE
18. March 13, 19 45 James Sweet	Topolarly had not grand 3-12-45

HARMAND STATE DEPARTMENT OF BEATTH

DAY AND LONG OF BUILDING

APR 5 1945 BUREAU V.S.

2411 N. Charles St., Baltimore 13-

03142

CERTIFICATE OF DEATH

Reg. Dist. No. 243.

1. PLACE OF DEATH: County Prince . Geerge's	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or fown (rural) Glenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 3 days	State. D. C. County. City or town. Washington (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred: Glenn Dale Sanatorium	Sireet No. 1325 - 13th St. N. W. (If rural, give LOCATION)
Now long in hospitat or institutioo?	2.(a) If veteran, came war.
3. (a) FULL NAME	BRO. 3. (b) Social Security Number
14. Sei 5. Color or race 6.(a) Single, married, widowed, or divorced Wale White Warried	MEDICAL CERTIFICATION 28. BATE OF DEATH, Marcle 18 19 45 at 8 P N
8.(6) Name of husband or wife. Mantie Rosebro 6.(c) If alive, give age. 69 years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that attended deceased from Marcu 18.45 to Marcu 18.45. and that I last saw hillian alive on Marcu 18 to 19.45.
deceased (mo., day, yr.) August 13, 1862	Immediate cause of death
8. AGE: Years Months Bays If less than one day	
82 7 5min.	Telmonary telegracions 7mo
9. Sirthplace	Bue to
	At
TZ , 3.	Other coeditions
	(Include pregnancy within 3 months of death)
14. Maiden name. Mary Ragan 15. Birthplace Indiana	Major findings of operations
2 15. Birthplace Indiana	Date of op.
16. Informant Decedent	Antopsy results
Address 17. Removed to Bate thereof Man 19, 1944 (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to externat causes, fill to the following: Accident, suicide, or homicide
Cometery or crematory, D. C.	Where did to jury occur?
200 7 20 1/20 1/20	Meaos of Injury Injured at work?
18. Funeral director Martini: W. It pory Gu. Address 1300 - n. st. n.w. Wolh. D. E	Dial P. Dimer MD
19. Mar. 18 19 45 Rowland & Plulyis (Date rec'd by registrar) Deu Cocal Registrar	23. SIGNATURE M. D. or other M. D. or other Address. Signed 315145



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6

03143

CERTIFICATE OF DEATH

1. PLACE OF DEA'	TH: Georges			2. USUAL RESIDENCE (HOME) ((For newborn infants give residence of	OF DECEASED: f mother)	
City or town	f death? 2 mo treet address where in Dale Ti	onths - death occurred abercul	RURAL and give nearest town) - 6 days d: osis Sanatorium	City or town (If ontside city or town limits Street No. 1316- Rhode Isl	ounly its, write RURAL and give net and Ave., N.W.	arest town)
How long in hospital or l	nstitution? San	ne		2.(a) If veteran, name war		······
3. (a) FULL NAME			W. SAUNDERS		3. (b) Social Security	Number
4. Sex male	5. Color or race white	1000 1000 00	e, married, widowed, or divorced våd owed	MEDICAL C	CERTIFICATION 14 19.45	at 9:15 A.M
B.(b) Name of husband or 7. Birth date of deceased (mo., day, yr.	0 5	B.(c) If elive, give ageyears	21. I CERTIFY that death occurred on the date al	945, 10 March March 14	14 19 45
8. AGE: Years 62	Montha O	Days 9	If less than one day	Fulmonary Tuherce	closis	7 mos-
9. Birthplace	Owner & l Restau ristian	Mgr. re rant Nichola		Due to Due to Diher conditions		
14. Malden name 15. Birthplace	Loudon C	o., Va		Major findings of operations.	Date of op	
Location	martis	20. 8+ n.	March 15, 1545 (month) (day) (year) Warlington DC Hysoria Ut. Wash D. G wland & Plulys	PHYSICIAN: Please underline the cause to 22. VIOLENCE: If death was due to external c Accident, suicide, or homicide	Date of	(State)

BY JAKE TO THE STREET STATE OR ALTERNY.

The Indian Control of

RECEIVED

APR 6 1945

BUFEAU V.S.

PLACE OF DEATH.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740



03144

CERTIFICATE OF DEATH

County	(For newborn infants give residence of mother)	
City or town (If obtaine city or town limits, write RURAL and give nearest town)	State Mangland' County June Design	
How long in above place of death?	City or town (if outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	1.301 41. + 1+	
6306 - Foote Street	Street No. (If roral, give LOCATION)	
How long to hospital or instilution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
female white married.	20. DATE OF DEATH PROBLEM 18 45 01 11 15 P. M.	
(B, (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
1 1 0+	Deumber 15 1942 to Flat 2 1945	
7. Birih date ot	and that I last saw h. e alive on 3	
deceased (mo., day, yr.)	Immediate cause of death	
8. AGE: Years Months Days It less than one daymin.	Costos aulusian 30 mm	
P. h (7) /		
(Town, county) and state)	Bue to. Justine	
10. Usuat occupation. Assisting	Bue to.	
11. Industry or business	Pue 10.	
12. Name Cichael Curtin	Other conditions.	
14. Maiden name. Cathuring delly 15. Birthplace Punie Granges County m	(include pregnancy within 8 months of death)	
2 15. Birthplace Prince Grant ml	Major findings of aperations	
16. informant when I have been seen to be a	Date of op.	
T 11 (1)	Autopsy results	
Address (SO Foot At, At Chasand, M.	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, eremation, or removal, Which?)	Accident, suicide, or homicide	
Cemetery or crematory	Where did Injury occur?	
Location Deal Placaseth gold	Injured at home, farm, industry, public place (where?)	
18. Funerat director. T. Las also Some	Means of Injury Injured at work?	
Address Handlewille	5011: 0	
Ou sold and	23. SIGNATURE William Drawn	
(Date rec'd by registrar)	Califolder 15 md M.D. 2/18/15	
(Date rec'd by registrar) Registrar	Address Date signed Date signed	

Coroner James J. Boyd called - permiseringing for signing sertificato. William Braum, h RECEIVII APR 7 1945 BUREAU V.S.

The correct age

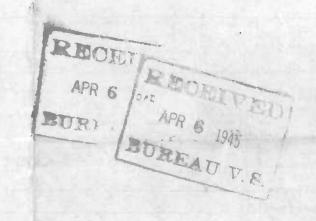
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 934

CERTIFICATE OF DEATH

03145

1. PLACE OF DEATH: County Les Leonges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For namborn infants give residence of mother)
City or lown (If outside city or town isnies, whise RURAL underve metrest town)	State County Rived Hoors W
How long to above place of death? A hor life. Hospital, institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)
	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Lane Scott	3. (b) Social Security Number
4. Sex (5. Color or race 6.(a) Single, married, widowed, or divorced Tourse Col Vilory	MEDICAL CERTIFICATION 20, DATE OF DEATH HAZZER 2/ 14/5 350, M
B.(b) Name of husband or wife The Charles & Scott	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
7. Birth date of An and All Andrews (See Section 1) Andrews (Section 2) Andrews (Secti	and that I last say R alive oo DA Amadon Lee 1945
deceased (mo., day, yr.) 8. AGE: Years Montha Days If tesa than one day	Immediate cause of death DURATION
94 0 17hrsmin.	of Persone Musicardities whether
9. Birthplace Balis Egle Truce to Co. Luft (Town, county, and state)	Due 1a. Que
10. Usual occupation Housewife	Due to
11. Industry or business	
12. Name Sylve Slev Synol Suls	Other conditions
13. Birthptace Tald Cagle Med	(Include pregnancy within 8 months of death)
14. Maiden name a la Costa Cos	Major findings of operations
16. Informant Added The Market Hund	Antopsy results
Address I wandy wing the	PHYSICIAN: Flease underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or reproyal, Whichi) (Burial, cremation, or reproyal, Whichi) (month) (day) (yeur)	Accident, suicide, or homicide
Cemetery or washing St. Western Sugar Commission	Where did injury occur?
Location Dal al Monty Chiter for Cong Politics	Injured at home, farm, industry, public place (where?)
18. Funeral directors Add Lander Company	Means of injury Injured at work?
Address Uguasco, ma	e3. SIGNATURE DE LA CONTROL M. D. or other
19. Mall 23 1d 19.45 Ma Aury 1. Combination (Date rec'd by registrar)	CJA - Our mo de la shile



2411 N. Charles St., Baftimore 137

(131	46	
Rng. D	at. No.	21	13

CERTIFICATE	OF	DEATH
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1. PLACE OF DEAT			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County Prin	ce veorge	215	State D. C. County			
City or town (rural) Glenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town)			Washington			
		rs. 3 mos. 4 days	City or town			
How long in above place of Hospital, Institution, or st			Street No. 2728 - Georgia Ave. N. W.			
		ium	(If rurai, give LOCATION) 2.(a) If veteran, name war.			
Now long in hospital or is	etitution2 3	yrs., 3 mos., 4 days				
	311111111111111111111111111111111111111		Z.(0) II reteran, name war			
3. (a) FULL NAME	614			3. (b) Social Security Number		
	21/	1745, CLEVELA	ND 578-16-6659			
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
anale.	col.	Griple.	20. DATE OF DEATH MARCH 2 1945 at 9 30 5. N			
/ / /						
B.(b) Hame of husband or	witeLat	ra W. Sims (dec.)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
			19. 7 1, 10 dela Marie 2, 19. 73			
7. Birth date of	Annana	20, 1885	and that flast saw h. Adde alive on	234/2 2 19.75.		
deceased (mo., day, yr.)	Months	Days I If less than one day	Immediate cause of death			
0. 1102.		22	tuberculosis			
59 6 11hrsmin.			pulmonary	39,000		
a Rirthnian Fre	mont. Nor	th Carolina connty, and state)	Due to			
1						
1D. Usual occupation	Laborer	4	Pue to			
11. industry or business			200 10			
	arry Sims		Other conditions			
Par Indian Contraction	North Car		Uther conditions			
			(Include pregnancy within 8 months of death)			
14. Malden name		iks	Major findings of operations			
14. Malden name	North (Carolina	Date of op.			
	Danadand					
1B. Intermast	pec.eden.	A	Actopsy results			
Address		A				
17. Reuto	valta	Date thereof War. 7, 1945	22. VIOLENCE: If death was due to external causes, fill in the following;			
(Edrial, cremation, o	r removal. Which?	(month) (day) (year)	Accident, suicide, or homicide			
Cemetery or crematory			Where did injury occur?			
Lacation 1//	slun	gton i.D.C.	Injured et home, farm, industry, public place (where?)			
1	(-	9 21/2 1 P. B.	Means of Injury Injured et work?			
1B. Funeral director	enry	3. Washington & Son		0		
Address 40	07 m	St. n.w.	Al aniel Par	+ time one mx)		
11109	0 115	P 10 1 000'0'	23. SIGNATURE	M. D. or other		
19. (Date rec'd by regis	trar) 194)	Registrar	Address V lenn Wale 7	100 Date signed 3/2/45		

APR 6 1945
BUHEAU V.S.

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-0



Reg. Dist. No. CERTIFICATE OF DEATH

1. PLACE	Daring	d: e Georo	elg		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
Cily or town Riverdale (If outside city or town limits, write RURAL and give nearest town)					State Maryland county Prince George's			
City or town	(If outsi	de city or town lin	nits, write RU	JRAL and give nearest town)				
How long in above place of death? 2 hours					City or town			
Hospilal, Institution, or street address where death occurred: Leland Memorial Hospital					Street No. Barbersville			
					(if rural	l, give LOCATION)		
How long in hospital or institution?					. 2.(a) If veteran, name war			
3. (a) FUL	L NAME					3. (b) Social Security Number		
	Grov	er Clev	reland	Slight Jr.				
4. Sex	5.	Color or race	6.(a)Single	married, widowed, or divorced	MEDICA	L CERTIFICATION		
Male		White	M	arried	20 DATE DE DEATH March	30 19 45 at 7:45 P		
		Acre	og N	Slight		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(b) Name of husband or wife Annes N. Slight						19		
7. Sirth date				If alive, give ageyea	and that I last saw halive on			
	mo., day, yr.)	May S	702	3	Immediate cause of death Hemo:	Hemorard and		
8. AGE:	Years	Months	Days	If less than one day	shock			
	21	10	28	hrs,mir				
9. Birthplace	Ohio				Due to Crushed che	st and fractured		
		(IOWII,	county, and s	ate)	skull			
10. Usuat oc	cupation	Lahorer	3	***************************************	Due to			
11. Industry	or business				_ .			
質 12. Name	Gr	over C	evela	nd Slight	Other conditions			
12. Nami		Ohio						
		Togeni	ine S	mithson	(Include prognancy within 3 months of death)			
14. Maid	en name							
≦ 15. 6irth		Marylar			11	Date of op.		
16. Informaci	G.	C. Sli	tht Sr) A	Aotopsy results	e to which death should be charged statistically.		
Address	Lai	rel. Mo	3.					
2		0		West 2-46	22. VIOLENCE: If death was due to exten	rnal causes, fill in the following: Cident Bate of 3/30/45		
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)					Accident, suicide, or homicide	7 7 7		
Cemetery or crematory Las Acl					Where did injury occur? (City or	P. G. Md. town) (County) (State)		
Landley and Lawrel a Ma					Injured at home, farm, Industry, public pl	lece (where?) OUTE # 1		
Location A Cartago					Managed Interest CO Co Constant	n stran injured at work? Yes		
16. Funeral	director	U X	10	hele Costac		edical Examiner		
Address	2000	Laus	f.	Son A	- Deputy ! 6			
2/10	U.S.	116	arus	olivy.	25. 51616111112	M.D. or other		
19. 2.300. (Date re	c'd by regist	19. (a)		hegistra	Address forestu	all ke-pate signed 3-3.1-4.1		

PECKELVAN APR 24 1945 BUREAU V.S. correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(3120

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdence of mother) State Maryland County Maryland Glorida (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death eccurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(d) If veleran, name war
3. (a) FULL NAME george michael X	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, er diverced	MEDICAL CERTIFICATION
male White Surgle	20. DATE OF DEATH March 19 1945 at 10 0 A.M.
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(6) Name of husband or wite	
7. Birth date of	and that I last saw h
deceased (me., day, yr.) August 6, 18 75	Immediate cause of death
8. AGE: Years Menths Days It less than one day	acute Congestive heart
Rotto alla med	- A Qui Da Carl and
9. Birthplace	Due to
a 170 5 Good - Roting's	
	Oue to
1t. Industry er business	
12. Name	Other conditions
14. Maidee name Ticke Clicabeth McLeon 15. Birthplace Vignia	(Include pregnancy within 8 months of death) Major findings of aperations
DE 15 Birthplace	Date of ep.
Tolando I ith	-
16. Informant	Autopay results
Address Sellsville him	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Bivial Date thereof narch 22. 194V	Accident, suicide, or homicide
(Burlal, cremation, or removal, Which?) Date thereof (month) (day) (year)	
Cemetery er crematory.	Where did injury occur?
Location Beltsrille ond	Injured at home, farm, Industry, public place (where?)
I havel's some	Means of Injury lejured at work?
18. Funeral director	all put medical commer
Address Sty allevelle mel	and a ford
Men light - Al AS H	23. SIGNATURE M. D. or other
18. Malally 2, 19 45 Julius Danielle Registrar Registrar	Address Forestull Was Date signed 3-19-4. I

APR 4 1945 BUREAU V.S. And the second s

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-0/

CERTIFICATE OF DEATH

()3149 Reg. Dist. No240

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Daniel That The County	State Maryland County France Gert Ja		
City or town			
How long in above place of death? 25-4-4700	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, testitution, or street address where death occurred:	Street No.		
	(If rural, give LOCATION)		
How long to hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME Rose Francette Smil	3. (b) Social Security Number		
4. Sex 5. Color or race/ 6.(a) Single, married, widowed, or diversed	MEDICAL CERTIFICATION		
frmales white	20. DATE OF DEATH 3 19 1945 at 6 A M		
6.(b) Name of husband or wife Julius Kingsolving Smith	21. I CERTIEN that death occurred on the date above stated; that I attended accepted from		
6.(b) Name of husband or wife Julius hugs story	21.1 central that earn occurred on the date above stated, that I strended each of the 19.		
7. Sirth date of			
deceased (mo., day, yr.) - Sept. 12. 1859	and that I last saw halive on19		
8. AGE: Years Monthe Days If less than one day	Impagiate cause of death OURATION		
77 1 8 5 hrs. 54 min.	Cardiac Vecompeniación		
9. Birthpiace Washington DC	Bollo - Van - Kleud 1		
9. Birthplace (Town, county, and state)	Disease		
10. Usual occupation			
11. Industry or business woul	Oue to		
	John 19		
12. Name With H. Squires	Other conditions		
2 13. Birthplace mother - ring.	(Include pregmancy within 3 months of death)		
= 14. Malden name Mary Rose Garner			
15. Birthplace P. G. Cv. and	Major findings of operations.		
	- Date of op.		
16. Informant Paul L. Sawushell Gr.	Autopsy results		
Address Francyevine. mor			
17 Burial Bate thereof 3 11 45	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Assident, eulside, or homicide		
Complete or crematory Church of the abonement	Where did injury occur? (City or town) (County) (State)		
Chette II	Injured at home, farm, industry, public place (where?)		
Location Continue Con			
18. Funeral director Rutehia Bros	Means of Injury Injured at work?		
Address Usbfer Marlboro.	() and A		
Mal a - H41 Q:00.	23. SIGNATURE M. D. crother		
19 The 9 1945 J.A Villengille	Address Wildows wd Die signed CIV		
(Date rcc'd by registrar) Registrar	Address Date signed Date signed		

APR 5 1945 BUREAU V.S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1566

CERTIFICATE OF DEATH

(13151) Reg. Dist. No. 245

1. PLACE OF DEATH: See County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Than Geo Co
(If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
	Street No. 4401 - 41 street
How long in hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME	2.(a) If veteran, name war
Thomas Belt &	2most 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
hale white single	20. DATE OF DEATH Pranch 15 19 10 1/A.
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Nams of husband or wite	DE 1844 Sp. 10 Week 15 1845
7. Birth date of Section 1. Section 2. Secti	and that I last saw halive on Analysis and the first saw h
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	Myastlana grain 2 ys
74hrs,min.	
B. Birtholace	Due to.
(Town county, and etate)	
10. Usual occupation.	Due to
11. Industry or business Sandwilch Shop	
12. Name Thomas w smoot	Other conditions
13. Birthplace Ind.	
# 14. Maiden game annie e · Cox	(Iuclude pregnancy within 8 months of death)
14. Maiden name annie e · eod	Major findings of operations.
16. Informant mrs Territo L. Lee.	Autopsy results
Address Grentwood Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal, Whigh?) Bate thereof mar /7,/940 (Burial, cremation, or removal, Whigh?)	22. VIOLENCE: if death was due to external causea, fill in the following; Accident, suicide, or homicide
Cemetery or cremajory.	
commeters of crematory	Where did injury occur?
Location Cultura Ma	Injured at home, farm, Industry, public place (where?)
18. Funeral director F Gaschs some	Meana of Injury injured at work?
Address Styatteville md.	10 () -
0 10 1	23. SIGNATURE WY COLOR
19 Chate ree'd by registrar) 18 45 Registrar	M. D. or other Address Washington 16/45
(Date rec'd by registrar) Registrar	Address Mate algned Manager Address Ad

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APR 5 1945

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6

03151

CERTIFICATE OF DEATH

Reg. Dist. No. 243

					Reg. Dist. 110. Risk	,
1. PLACE OF DE	EATH: Ince Georbe	als		2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of a	F DECEASED:	
County Crural Glenn Dale Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 9 Mos. 26 days Hospital, institution, or street address where death occurred: Glenn Dale Sanatcrium How long in hospital or institution? 9 Mos. 26 days			6 days	State D. C. County City or town (If outside city or town limits, write RURAL and give nearest town) 4109- 34th St. Mt. Ranier (If rural, give LOCATION)		
		ing	M	2.(a) It veteran, name war)**************************************
3. (a) FULL NAM	ornelius		Soper		3. (b) Social Security 578-10-	
4. Sex	5. Color or race		le, married, widowed, or divorced	MEDICAL CF	ERTIFICATION	,
Male	White		Married	20, DATE OF DEATH War 1		16-PM
7. Birth date of	Α		(c) If alive, give age60years	21. I CERTIFY that death occurred on the date about	ve stated; that I attended decea	ased from
deceased (mo., day,				Immediate cause of death		DURATION
8. AGE: Years	mrs Monthe	Days	If less than one day	Tulmentosis / Lu	****	241. 9 mo
6	64 6	15		Tuluculous Landyng	città	
10. Usual occupation	Trainm	nan		Due to	5	
12. Hame	Perry Sope Marylan			Other conditions		,
				(Include pregnancy within 3 m	nonths of death)	
14. Maiden name.	Mary E.			Major findings of operations		
2 15. Birthplace	Mar	yland				
	Decedent	f		Autopsy results PHYSICIAN: Please nnderline the canse to wh		***********************
17	"	, Kajn	reol Murch 15° 45 (month) (day) (year) en Med Nalley	22. VIOLENCE: It death was due to external cause Accident, suicide, or homicide	Date of	(State)
Address 320		e. Int	1 4 1	23. SIGNATURE & Samiel Leo.		21 D or other 3.14.46

CERTIFICATE OF DEALTH

APR 6 1945
BUREAU V.S.

correct age

Supply every item of information carefully. The conse write the causes of death clearly and legibly

PLEASE WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: pl

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03152

g. Dist. No. 245

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County 11-12 Deat 928	State Mary Land county Parice Deorges		
(If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death?	(If ootside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or streel address where death occurred: Lehand Memorial Hospo.	Street No. 6 403 Queras Chapel IT		
n	(If rural, give LOCATION)		
How long in hospital or institution? A.O. da.y.s.	2.(a) If veteran, name war		
3. (a) FULL NAME milda Ione Stau	6 er		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
fe W married	20. DATE OF DEATH MAR 20 1945, at 9 pm		
6.(6) Name of husband or wife Charles John Stanber	21. I CERTAY that death occurred on the date above stated; that Lattended deceased from		
7. Dirth dale of deceased (mo., day, yr.) June 8, 1897	and that I last saw h		
8. AGE: Years Monthe Days If less than one day	Immediatorcause of death DURATION DURATION		
47 9 12hrsmin.	hight demisleady		
9 Birtholace Wis consin	Due to a		
9. Birthptace	Hyperusion Pyro		
10. Usual occupation. Clerical	Due to Byelomenhar 2040		
11. Industry or business			
# 12, Name Charles B Van Gorden	Dther conditions		
X 13. Birthplace ILLingis			
11. Maiden name Lora OLive Morthrop	(Include pregnancy within 3 months of death)		
I 15. Birthplace / SIS CONSIN	Major fiudiags of operations.		
	Wrother Head of op.		
18. Informant HOS PITAL DECOTAC	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address / +	722. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, efemation, or removal, Which?) (Burial, efemation, or removal, Which?) (Burial, efemation, or removal, Which?)	Accident, suicide, or homicide		
morrilan			
Cemetery or crematory	Where did injury occur? (City or town) (Coonty) (State)		
Localion // Colored	Injured at home, farm, Industry, public place (where?)		
18. Funeral director & Eascha Sons	Means of Injury Injured at work?		
Address Styatterille and,	/ 10 mul: 200		
	23. SIGNAURE M.D. or other		
19 March 22 18 45 James Severe	Remadel 24.1 2-21.45		

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APR 5 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33.0

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CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	State My Count Pre Lings.		
(If outside city or town limits, write RURAL and give nearest town)	(oh P		
How long in above place of death?	(If outside city or town limits, write RURAL end give nearest town)		
Josep al, Institution, or circet address where death occurred:	Street No. 7212 Sowler are		
10 10	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (d) FULL NAME M.	3. (b) Social Security Number		
Allen Suit			
4. Sex 5. Solor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Ilmale sofite single	20. DATE OF DEATH 3-2 19.45 nt 3 40 m		
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
8.(c) If alive, give age years	February 7- 1845, 10 March 2, 1845		
7. Birth date of	and that I last saw h. C. alive on MATCh 1 57 19 45		
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death		
8 24 hrs. min.	Influenzal Meningeris 21 days		
many	Due to 1240 Philes Influenza. Zidays.		
8. Birthplace. (Sown, county, and state)	Due to Hallo Philles Influenza. 21 days.		
1D. Usual occupation			
11. Industry or business	Due to		
	B. 40		
12. Name List 13. Sirthplace	Dther conditions		
14. Maiden name Rose I alband 15. Birthplace Manyland	(Include pregnancy within 8 months of death)		
5 15. Birthplace Manyland	Major findings of operations.		
16. Informant mother	Autopsy results CULKUNS Date of op.		
and a college of	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address 1 de 12 Sounder ans Park	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal, Which?) Date thereof 3-3-(mouth) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory M. P. Hinch Centry	Where did injury occur?		
linch- 1/De. 1 D	(City or town) (County) (State) Injured at home, farm, industry, public place (where?)		
Location	Means of Injury Injured et work?		
18. Funeral director)	music of injury imprior of injury		
Address wherealth - miles	23. SIGNATURE		
19, 3/3 Umanda Dourses	M. R. Rainier M. C. AUUNES M. D. OCTOBER		

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MARYI	AND	STATE	DEPARTMENT	OF	HEALTI
MINISTER ALL		DIALL	DELANIMENT	111	RICAL

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03154

Reg. Dist. No. 23 (

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stale County Count			
Hospital, Institution, or street address where death occurred:	Street No. 1 20 - 57th Gre			
120-57 and line U.S.	(If rural, give LOCATION)			
How long in hospital or institution?	. 2.(a) If veferan, name war			
3. (a) FULL NAME Roseal Talk	3. (b) Social Security Number	er .		
4. Sex 5. Color or race 1 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
mall colored married	march 2 6 41 11	1.474		
1 -1 -1 1 1	20. DATE OF DEATH 19.70 av/	A7X		
6.(6) Name of husband or wife. Sattle Sattle	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	ti		
	sto	19		
7. Birth date of deceased (mo., day, yr.) Lee 7. 1918	and thaf I last saw halive on	19		
8. AGE: Years Months Days If tess than one day	Immediate cause of death	DURATION		
26 3 19 hrs. min.	guvara en oca	***************************************		
A A	- Almanha de	100000000000000000000000000000000000000		
9. Birthplace	Civil I Willis			
10. Usual occupation. 11. Industry of Business	Due 1g	•••••		
12. Name Jalbert Jalbert 13. Birthplace	Other conditions	000000000000000000000000000000000000000		
14. Maiden name Caroll SE 15. Birthplace	(Include pregnancy within 8 months of death) Major findings of operations.			
¥ 15. Birthplace	Dale of op.			
16. Informant Clara Falbert	Antopsy results			
Address Chapel bakes, hig	PHYSICIAN: Please underline the cause to which death should be charged statistic	ally.		
17 Removal Boto Barret March 27, 1916	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide			
7//2 / 2 // 2		******************		
Cemeiery or crematory Wushing alam.	Where did injury occur?)		
Location	Injured at home, farm, industry, public place (where?)	*******		
18. Funerat director Q 7 & Ricca as	Means of injury Injured at yery?	- 1		
211/1/2 200	allput medical Elam	me		
Address 30 # (201 - 11.2.	23. SIGNATURE COLLEGE TO TO			
19. March 27 1945 Umanda Downey	M. D. or wher	6.40		
(Date rec'd by registrar) Registrar	Address A greatuff kypate signed 3-2	040		

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 191-0

CERTIFICATE OF DEATH

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245

1. PLACE OF DEATH:	2 HOUAL DECIDENCE (LICAGE) OF DECEASED		
Lawrence Change	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants, give residence of mother)		
City or town Christian	State Destrict Colounelya		
(If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death?	(If ontside city or town whits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	1.1.01		
white Jowers shop.	Street No. (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Walter J. Jasle	211		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
mole white sugle	3-1-1		
1/ 0	20. DATE OF DEATH March 11 1945, at 3-A		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	19		
7. Birth date of	and that I last saw halive on		
deceased (nio., day, yr.)	Immediate cause of death		
8. AGE: Years Mooths Days If less than one day	Course Occlusion		
63hrsmln.			
England	- Carol man lail and a		
9. Birthplace	Due to Sauce Territoria		
10. Usual occupation Superintendent			
4 1 0	Due to		
11. Industry or business June 1			
量 12. Name	Other conditions		
≤ 13. Birthplace England			
14. Malden name	(Include pregnancy within 3 months of death)		
TO T	Major findings of operations.		
≥ 15. Birthplace	Date of op		
16. Informant Courant Corror	Autopsy results		
Address 714-18th Whee washer No	PHYSICIAN: Plesse underline the cause to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, eremation, or removal, Whiehi) (Burial, eremation, or removal, Whiehi) (Burial, eremation, or removal, Whiehi)	Accident, suicide, or homicide		
3/4-7-9			
Cemetery or crematory	Where did injury occur?		
Location / 3 ll + Do St 1: W washing to rell	Injured at home, farm, Industry, public place (where?)		
10 smiles I seed's sola	Means of Injury Ynjured at wgfa?		
18. Funeral director	Welput, nederal youner		
Address Syntherille Ind ,	as Signified Date of the state		
18. March 12, 18 45 James Severe	23. SIGNATURE D. or other		

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. Supply every item of information carefully. The correct age please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING is especially important. Physic

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore BE

CERTIFICATE OF DEATH

()3156 Reg. Dist. No. 243

I. PLACE OF DEATH: County Prince George s	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
VVIII.3	State		
City or town (If ontside city or town limits, write RURAL and give nearest town)	Washington		
How long in above place of death? 6 Vrs., 10 mos., 13 days	City or town	n)	
Hospital, Institution, or street address where death occurred: Glenn Dale Sanatorium	Street No. 440 Newton Place N. W.		
	(If rnral, give LOCATION)		
How long in hospital or institution? 6 yrs., 10 mos., 13 days	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number	t	
THOMAS JEFFERSON	IATE -		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	2D. DATE DF DEATH 1207. 10. 19.45 at 11.	- A- M	
6.(b) Name of husband or wife Nellie May Tate	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
2/1/1/1/2	Upr. 27, 1938, 10 Mar 10		
7. Sirth date of deceased (mo., day, yr.) February 23, 1887	and that I last saw h wallve on Mar. 16	.19.4.5	
8. AGE: Years Months Days If less than one day	0 0	URATION	
58 - 17hrsmin.	Pulmonary Tuberculosis 719	r71116,	
9. 8irthplace Trevilians, Virginia (Town, county, and state)	Due to.		
(Town, county, and state) 10 Heard counciles Pharmacist			
10. Usual occupation Filal maces 0	Due to		
11. Industry or business			
F 12. Name Philip Tate	Other conditions		
13. Birthplace Frederic Hall, Virginia			
¥ 14. Malden name Ella M. Turner	(Include pregnancy within 8 months of death)		
14. Malden name Ella M. Turner 15. Birtholace Trevilians, Virginia	Major findings of operations.	,	
The Divinging of	Date of op		
16. Informant Decedent	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistical		
Address		uy.	
17 Remoted to Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Barial, cremation, or removal, Which?) (month) (day) (yenr)	Accident, suicide, or homicide	*************	
Cemetery or crematory.	Where did injury occur?		
Location Washington 1) Co	Injured at home, farm, Industry, public place (where?)		
18. Funeral director Q. W. Dr. S. U.S. Sano	Means of Injury Injured at work?		
Address 0300-4th-StMI	a wayyor Daviel Con Fingerano ma	2	
19. War. 10, 1945 Rowland S. Philips (Date rec'd by registrar) (Date rec'd by registrar)	23. SIGNATURE AND PAGE MAY Bate signed 31	0/45	

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(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-0 CERTIFICATE OF DEATH

1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred: Street No. (If rurai, give LOCATION) How long to hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION 7. Birth date of deceased (mo., day, yr.) DURATION 8. AGE: It tess than one day 10 HOURS 10. Usual occupation. 11. Industry or business 13. Birthplace (luciude pregnancy within 8 months of death) 14. Malden na 15. Birthplace 14. Malden name 16. Interment PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: It death was due to external causes, till in the following; Accident, suicide, or homicide, (month) (day) (year) Where did Injury occur? ... (City or town) (County) (State) Injured at home, tarm, Industry, public place (where?) ... Means of Injury Injured at work? Address M. D. or othe

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PLEASE WRITE PLAINLY, WITH UNFADING INC. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (180

Countel OBA 58 and

... Oate signed 3 -14-45

CERTIFIC	CATE OF DEATH Reg. Diat. No. 242
1. PLACEOF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mortage) State County City or town (If ourside city or town limits, write REFRAL and give numberes town) Street No. (If rursl, give LOCATION) 2.(a) It veteran, name war.
3. (a) FULL NAME Charles E. J.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Wall Sex 6.(b) Name of husband or wite.	MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from 19
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	and that I last saw h
9. Birthplace	Due to. Universal 33 degree burses Due to.
12. Name	Other conditions (Include pregnancy within 3 months of death) Major findings of operations
16. Informant Address Cockerly My	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal, Which?) Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
18. Funeral director Tasebas Address	Injured at home, farm, industry, public place (where?) Means of injury once brunch downward at work? Wo Plepule nedicon Cynymee
19. 9 19. 19. 45 Thos. D. Glaff (Date rec'd by registrar) Regis	23. SIGNATURE M.D. or other strar Address FURBULLE Quie signed 3 - 14 - 4

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MAY 16 1945

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 6/

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CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)
County TRINCE GEORGE	
City or town. (If outside city or town limits, write RURAL and give nearest town)	State MRRYLAND County RINCE GEORGE City or town MT RAINER
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 4110 - 2974. STREET
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) ti veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
OLGA K, THO	MPSON
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE WHITE WIDOW	20. DATE OF DEATH MANCH. 28 19 45 at 1 - A.M.
B.(b) Name of husband or wife HARRY THOMPSOX	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw h. Lite alive on Meh 28 19 45
deceased (mo., day, yr.) DEC. ~ 1879	
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
65 3 76nrs. min.	Carrier of
65	What was
8. Birthplace (Town, county, and state)	Due to Chrome myseur down) 6 who.
1 AUSTINEE	
10. Usual occupation	Due to Chronis 4 extress) 10 MM
11. Industry or business	
# 12 Name (UNKNOWN) ADOLPHSON	Other conditions sliabile 51.
12. Name UNKNOUN) HDOLPHSON 13. Birthplace SWEDEN	
	(Include pregnancy within 8 months of death)
14. Maiden name HILDA WKNOWN	Major findings of operations
14. Maiden name AILDA (NKNOWN)	Date of op.
16. Informant Mrs. EDNA T. SANDBERG	Autensy results.
of the Manager of the	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 4110-29TH.ST. MT. RAINIER, MO.	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation, or remoyal. Which?) Bate thereot. 3-31-45 (month) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory HRAINGTON NATE CEMETER	Where did injury occur?
Location RELINGTON	Injured at home, farm, Industry, public place (where?)
Traveis Hoolly	Means of Injury Injured at work?
18. Funeral director	
Address 382/-141h. 88. 1110. 0.3 250	23. SIGNATURE W H. Mayton
. March 29 , 45 James & Sure	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Address 382 7 St. Provided Land Date signed 3-28-45
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RECEIVAD APR 5 1945 BUREAU V.S.

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

CERTIFICATE OF DEATH

()316() Reg. Diat. No.2 4 2/

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Junel Globals	(For newborn infantagive residence of mother)
(If outside city or town limits, write RDRAL and give nearest town)	State County County
How long in above place of death?	City or town farmout Needle
Hospital, Institution, or street addresswhere /death occurred:	(If outside city or town limits, water RURAL and give nearest town)
1004-58th and	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	
Teonard mitchell	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Colored marriey	The made 31 1 - 8:000
7//	20, Date of Death
6.(b) Hame of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of Section 6. (c) It allive, give age years	
deceased (mo., day, yr.)	and that I last saw h
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
573 & 2-3hrs. mlo.	Coronary accessor
1/	
9. Birthplace (Town, county, and state)	Oue to Comment of the
10. Usual occupation.	The state of the s
	Oue to
11. Industry or business	
12. Name. Villan Jelon 13. Birtholace Vanguage	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Andrew	
14. Maiden name. 11. Sirthplace 11.	Major findings of operations.
130. 0 7 13	
16. Informant	Autopsy results
Address 1004-58 Core, farment / forget	
(Burial, cremation, or pernoval, Which?) Oate thereot (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide.
Cemetery or crematory Torrence -	Where did Injury occur?
Charles To	
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Means of Injury Hajured at work?
Address // Address for fine	mercony rue and of
010000000000000000000000000000000000000	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address. Tarlotante had gate signed 3-31-40
Registrat	Vale signed.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23

()3161 Reg. Diat. No. 23

CERTIFICATE OF DEATH

1. PLACE OF MEATH: Seage	(For newborn infants give residence of mother)
County Jeonge	Lie Consiss.
City or town thereiles nel,	State County
City or town (If outside city or town limits, write RURAL and give nearest town)	City or town mi / walker, wic.
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Sireel No. 310 East archer ave.
3 desp	(If rural, give LOCATION)
Now long in hospital or institution? 3	2.(a) If veleran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Tishler, m. James	S. (o) Books Becomy Manager
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male While married.	20. DATE DF DEATH 3 - 2/ 1945 at // 'Yo A.M
me Duli Trickle	21. I CERTIFY that death occurred on the date above stated: that I sitended deceased from
6.(6) Name of husband or wife	3-18 1945 10 3-21 1945
7. Birth date of	
	and that I last saw h. 1.14 alive on 3 - 20
deceased (mo., day, yr.)	Immediate cause/of death DURATION
8. AGE: Years Months Days If less than one day	Trente Fibrinal Ventombis I week.
77 6 14hrsmin.	
9. Sithplace	Due to fullysly desveryente
(Town, county, and state)	with reliative.
10. Usuat occupation. Oletures	
	Due to
11. Industry or business	
12. Name Tishler, John	Other conditions
12. Name Tishler, Plus 213. Birthpiace Bakenia	
	(Include pregnancy within 3 months of death)
14. Maiden name. Burney Rathrys	W. C. F
D'	Major findings of operations
\$ 15. Birthplace Brokema	Date of op.
16. interment me July Tushler	Autopsy results. DOWN
>	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address	22. VIOLENCE: If death was due to external causes, fill in the following:
17 bans bortation Bala therent how 23, 1945	
(Burial, creatation, or removal, Which?) (Burial, creatation, or removal, Which?)	Accident, suicide, or homicide
On-story or survey them	Where did Injury Occur?
Cemetery or crematory.	
Institut Milwaukee, Misconsin	Injured at home, farm, Industry, public place (where?)
9 9 000 P. C	Means of injury injured at work?
18. Funeral director	
Address Ity attoville Ind.	() of one to Tai O
	23. SIGNATURE TO has all I delle the Day of the
19. 3/23 19.45 amanda Denney	M. D. for other
19. (Daté rec'd by registrar) Registrar	Address Cheverly, Thd Date signed 3-22-45

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BUREAU V.S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83

CERTIFICATE OF DEATH

03162

1. PLACE OF DEATH: SEGRECAL DESCRIPTION OF THE SEGRECAL DE	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infant give residence of mother)	
City or town. Af outside city or town limits, write RUKAL and give nearest town)	State County County	Merys
How long in above place of death?	City or town	st town)
Hospital, institution, or street/address where centry occurred:	Street No.	*******
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war	4
3. (a) FULL NAME William H Turn	3. (b) Social Security No	ımber
4. Sex 5. Color or race, 6.(a) Single. married, yildowed, or divorced Wildows	MEDICAL CERTIFICATION 20. DATE DE DEATH MASS 04 30 19 45 1	107 M
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended decease 19.45 to Man 3	
7. Birth date of deceased (mo., day, yr.) Oct. 12 - 1875	and that last saw h, and alive on Man 29	19 4/3
8. AGE: Years Months Days It less than one dayhrs		5 Cars
8. Birihpiaca (Town, county, and state)	Due to	*******************************
1D. Usual occupation.	Due to	
11. Industry or business 12. Name 13. Birthplace	Dther conditions	
K 2 1.10 (11)	(Ioclode pregnacey within 3 months of death)	
14. Maiden name / Security	Major findings of operations	
16. Informant Sacred Heart House	Autopsy results	
Address 17. Para San A. Date thereof Max 3/-/945 (Darial, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide	
(Barial, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory	Where did injury occur? (City or town) (County) (
Location Washington Sto.	tnjured at home, farm, Industry, public place (where?)	
18. Funerat director	Means of Injury Injured at work?	
Address 641- H. N. Washington Washington Washington	23. SIGNATURE TROMAS Talling M.D. or	
19. March 3/ 19 48. James Sweet	34 (1 2) 12.	other 7-30-K)

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DESCRIPTION OF THE STREET

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APR 5 1945

2411 N. Charles St., Baltimore 13-6)

Reg. Dist. No. 243

CERTIFICATE OF DEATH

0316	6	63			
			2	11.	A-3

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Prince George's	Sizie De Ce County		
City or town (rural) Glenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death? 20 days	City or town Washington (If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:	Street No. 1704 V. St. N. W.		
Glenn Dale Sanatorium	(If rural, give LOCATION)		
How long in hospital or institution? 20 days	2.(a) If veteran, name war.		
3. (a) FULL NAME OTIS VAILES	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male Colored Single	20. DATE OF DEATH March 17 145 015-30 A M		
B.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of	and that I last saw h A alive on		
deceased (mo., day, yr.) April 25, 1914	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Pulmorani Tuberalisis 1540		
30 8 21hrsmin.			
9. Birthplace Wilson, North Carolina (Town, county, and state)	Due to		
Pue Porr			
10. Usual occupation	Due to		
11. Industry or business			
Luther Vailes 12. Name Luther Vailes 13. 8Irthplace Wilson, North Carolina	Other conditions		
13. Birthplace Wilson, North Carolina	(Incinde pregnancy within 3 months of death)		
14. Malden name Della Williamson	Major findings of operations.		
Elm City, North Carolina	Major hadings of operations. Date of op.		
Decedent			
16. Informant	Autopsy results		
Address	22. VIOLENCE: If death was due to external causes, fill in the following;		
17. Removel Date thereof (month) (day) (year)	Accident, suicide, or homicide		
(Burial, eremation, or removal. Which?) (month) (day) (year)	Assessed a second secon		
Cometery or eremetory (Cultoval)	Where did injury occur? (City or town) (Connty) (State)		
Location Q A	Injured at home, farm, Industry, public place (where?)		
Malvau ockey	Means of Injury Injured at work?		
Address 424 - R Sh. M. W	Daid los Pines mo		
19 May 17 1845 Rowland & Philips	23. SIGNATURE M. D. or other Address Alexand Role Mal Bate signed 3/17/45		
(Date rec d by registrar)	ROBIESS Bate signed		

WRITE PLAINLY, WITH UNKADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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APR 6 1945 BUREAU V.S.

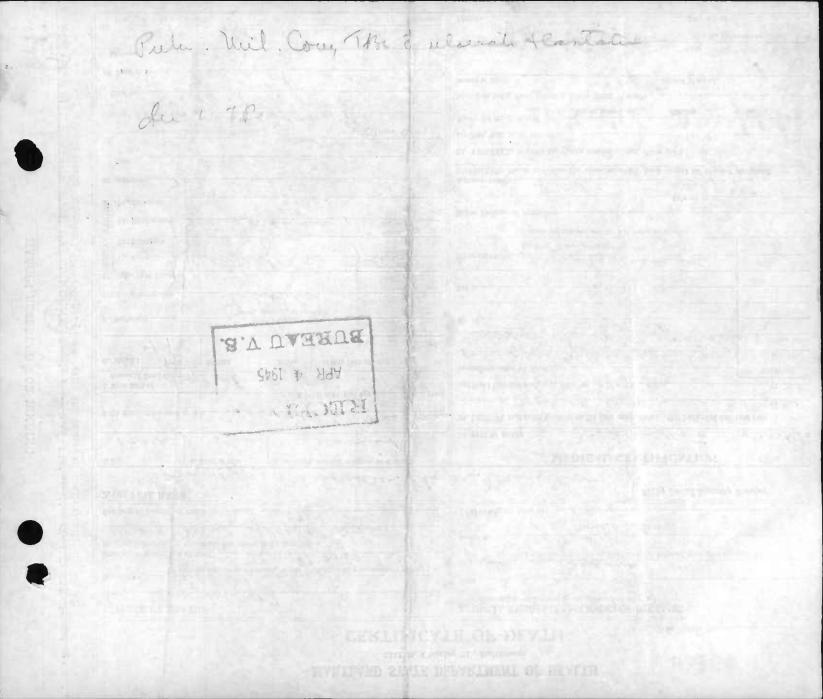
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore B.C.

03164

CERTIFICATE OF DEATH

County Co
How long in above place of death? Hospital, institution, or street address where death occurred: City or town limits, write RURAL and give nearest town) Street No City or town limits, write RURAL and give nearest town) Street No (If rural, give LOCATION) City or town limits, write RURAL and give nearest town) Street No City or town limits, write RURAL and give nearest town) Street No City or town limits, write RURAL and give nearest town) City or town limits, write RURAL and give nearest town)
How long in above place of death? (If outside city or town limits, write RURAL and give nearest town) Hospital, institution, or street address where geath occurred: Street No. (If rural, give LOCATION) How long in hospital or institution? 47. do.g.s. 2.(a) If veteran, name war.
No spiral, institution, or street address where gean occurred: Constitution
How long in hospital or institution? 47 days 2.(a) If veteran, name war.
3. (a) FULL NAME
3. (a) FULL NAME 3. (b) Social Security Number
4. Sex Scholer of race 6.(a) Single, married, wildowed, or divorced MEDICAL CERTIFICATION 20. Date of Death 3 - 21 - 4 J 19 at /2/0/M.
/ 1. The state of
8.(6) Name of husband or wife Claudilland 12. I Centry that bear occurred on the bare above stated; that I alrended decease from 21. I Centry that bear occurred on the bare above stated; that I alrended decease from 19.45
deceased (mo day, yr.) Teb. 12:1879
8. AGE: Years Months Days If less than one day
44
Tubescultus softh biscentin I moved
9. Birthplace Due to. Due to.
(Town, county, and state)
10. Usuat occupation. Ove to
11. Industry or business
12. Name Vernielian Orles Other conditions Bun cho Prienumai
12. Name Vernieliau Jles Other conditions Bun clos Prientinas
14. Malden come Schmeitere Can Major findings of operations. (Include pregnancy within 8 months of death) Major findings of operations.
E 15. 8 Irihplace PaOate of op
Del hill com T found is
PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Bruse Ind.
(Dustra ax. Charch 23.17TV)
(Burial, cremation, or removal, Which!) (month) (day) (year)
Cemetery or cremator City or town) (County) (State)
location Lectard Ind Injured at home, farm, industry, public place (where?)
Location ——— Means of injury injured at work?
18. Funeral director. Funeral director.
Address Styatherille and Long by Singl MS
23. SIGNATURE
19. 3/24 19.5 Unande Salines (Dstefred by registrar) Régistrar Address Cottage City, My Date signed 3 22-45



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 745

CERTIFICATE OF DEATH

0316545 Reg. Diat. No. 245

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County fring fewyls	(For newborn infants give residence of mother)
City or town. (If outside city or town limits write BURAL and give nearest town)	State Mary Grand County Sturies Sharington
How long in above place of death? And	(If outside city or town spains, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Poutrice St.
Leland Memorial darsital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME Clenton ble Witte	Walker 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
a worth muching	,
m wave market	20. DATE OF DEATH. 3/25/45 19 19 19 19 19 19 19 19 19 19 19 19 19
6.(b) Name of husband or wife. Multiple Walker!	21. I CERTIFY Ihal dealh occurred on the date above stated; that I attended deceased from \$\frac{\pi}{2}\$
7. Birth date of	
deceased (mo., day, yr.) Luly 22 1886	and that I last saw h.l.t. alive on 3/23/45
8. AGE: Years / Months Days If less than one day	Immediate cause of death
3792 8hrsmin.	Tesp falue
111/201:00	C 0: 1:0
9. Birthplace(Town, coupt), and state)	Due to Cardiac Jackersh
10. Usual occupation	Due 10 Coronery Thrombasis.
11. Industry or business	
12 Name George Noble Walker	Other conditions Assurtainsian
12. Name Diarge Walker Walker	00
MI TO THE PARTY OF	(Include pregnancy within 3 months of death)
14. Malden name And Public	
15. Birthplace — — — — —	Major findings of operations.
1 13. Distillates 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date of op.
18. Informant Che Walker Jr	Autopsy results
Address Blussem - Wil-	PHYSICIAN: Please noderline the cause to which death should be charged statistically.
AUDITOS ALL CANADA, INC.	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Oder Date thereof March 18,1945	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?)	
Cemetery or crematory	Where did injury occur?
Little & it land Mal	Injured al home, farm, industry, public place (where?)
Location	Means of injury injured al work?
18. Funeral director Tasche assure	means of injury injured at work?
Address Myallerille ma	1. Cin. 1 3.
7-1-1-1	23. SIGNATURE & Casser M. D. or other
19. March 28 19 45 for Severy (Dato rec'd by registrar) Registrar	Address Queenlest land Date signed 1/28/45

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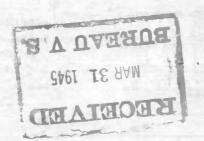
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13

CERTIFICATE OF DEATH

()3166 Reg. Diat. No. 243

County Prince George's	2. USUAL RESIDENCE (FICHME) OF DECRASED: (For newborn infants give residence of mother)		
City or town (rural) Glenn Dale, Maryland (If outside city or town limits, write RuitAL and give nearest town)	State Da C. County		
How long in above place of death? 11 mos., 7 days Hospital, institution, or street address where death occurred: Glenn Dale Sanatorium	City or towe. Washington (If outside city or town limits, write RURAL and give nearest town) Street No. 412 Ka Sta Na Wa (If rural, give LOCATION)		
How long in hospitat or institution? 11 mos., 7 days			
3. (a) FULL NAME WALKER , WILLIAM	3. (b) Social Security Number 719-09-3413		
4. Sex 5. Golor or race 6.(a) Singlé, married, widowed, or divorced Married Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. MANUA 20, 19 56 21 7 7 2 8		
8.(6) Name of bushand or wife Esther Walker 8.(c) If alive, give age 31 years 7. Birth date of deceased (mo., day, yr.) July 4, 1912	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19.7.7		
8. AGE: Years Moeths Days It less than one day	Immediate cause of death		
32 8 16hrsmin.	pulmonary /2 mo		
0. Strthplace	Oue to		
	(Include pregnancy within 3 months of death)		
14. Malden name Lizzie Walker 15. Birthplace Contumbia, South Carolina	Major findings of operations. Bate of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.		
16. toformant			
17. Remarked to Bate thereof. May 211945 (Bdrial, cremation, or removal, Which?) Cemetery or crematory. Location Washington D.C. 18. Funeral director. Mayon 4 September 1999. Address 424 Mayon 4 September 1999.	22. VIOLENCE: It death was due to external causes, fill in the tollowing: Accident, suicide, or homicide		
19. Mar 20, 19 45 Rowland & Philips (Date rec'd by registrar) 19 45 Rowland & Philips	Address Slew Dale Md Bate signed 3/20/45		



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1572

CERTIFICATE OF DEATH

03167

245

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Trinse reerge	(For nowborn infants give residence of mother)
City or town 10crd ale - And a.u. (If outside city or town limits, write EURAL and give nearest town)	State Mary land county Trince Grearge City or town Riverdale Maryland
How long in above place of death? 20 Mocs	(if autside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	street No. 4701 Novens wood Tood apt. 10
Eugene beland Memural Hespital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME White f. mer - Golen	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	The second constitution in the second
	MEDICAL CERTIFICATION
m w s	20. DATE OF DEATH March 10 19 45 at 6:25PM
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	3 - 8 - 43 19 10 10
7. Birth date of deceased (mo., day, yr.) fuce 75- 1943	and that I last saw halive on
8. AGE: Years Month Days If less than one day	Impediate cause ul death The But Desire 20 mg
1 208 15hrsmin.	Steriosis of Pulmonary
111ach + DC.	1) less
9. Birthplace Washington D.C. (Town, county, and state)	Due to
10. Usual occupation.	Due to
11. Industry or business	
E 12 Name White, Elmer- Beingid	Other conditions acque supper success.
12. Name White Elmer-Beingid 13. Stribolace Fiedericks burg Vo	Infletion !
	(Include prespancy within 8 months of death)
14. Maiden oame CAC CATTY Helen Tiener 15. Birthplage Confluence Pa	Major lindings of operations.
\$ 15. Birtiplace Confluence Pd.	Date of op.
16. Informaci Eline 3. White	Autopsy results. See Ding
NOID 101 P. Jala 441	PHYSICIAN: Please underline the cause to which death shund he charged statistically.
Address of 101 Lanuswood Na. Iliver water	22. VIOLENCE: If death was due to external causes, fill in the following;
17. / Dureal Date thereof 3 - 13 - 45	
(Burial, cremation, or removal. Which) (mosth) (day) (year)	Accident, suicide, or homicide
Cometery or crematory Jr. Lucally Cluth	Where did injury occur?
tocation Wash. Diring	Injured at home, farm, Industry, public place (where?)
- Mari Manusker (1)	Means of Injury Injured at work?
18. Foneral director	0,9,1.
Address Niverdall-nill	- /// Makin ma
m 1 1 1 0 0	23. SIGNATURE
19. // (Arch 12 to 45 Sware Oberta)	Address of well her man Bota signed 3-11-45



MARKAGO STREET, DEPARTMENT OF BURNING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 3-2

03168

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County Prince George's	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
(rugal) Glenn Dale, Warvland	State D. C. County	
City or town (rupal) Glenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town)	Washington Washington	
How long in above place of death? 1 yrs 3 mos 25 days	(If ontside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Street No. 648 G. St. N. E.	
Glenn Dale Sanatorium	(If rurai, give LOCATION)	
How long in hospital or institution? 1 yr . 3 mos . 25 days	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
THOMAS WILLIAM WH	1TLOW 579-09-3943	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Married	20. DATE OF DEATH. MARCH 4 19 45 at 2 P. M	
6.(6) Name of husband or wife Alice Whitlow	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
0,(0) Name of Husbania of Wile	11 - 8 - 1943, 10 3 - 4 1945	
7. Sirth date of	and that I last saw h. 1274. allve on March 45	
deceased (mo., day, yr.) April 24, 1897	Immediate cause of death	
8. AGE: Yeers Months Days If less than one day	Pulmonary Cuberculoses / year 6 4000	
47 10 9min.		
Fork Union Virginia	Due to	
9. Sirthplace Fork Union, Virginia (Town, county, and state)	JUE (G	
10. Usual occupation. Wood Jointer		
	Due to	
11. Industry or business		
Thomas W. Whitlow 13. Birthplace Fork, Union, Virginia	Other conditions	
	(Include pregnancy within 3 months of death)	
14. Malden name Sleans Jackson 15. Birthplace Fork Union, Virginia		
15. Birtholace Fork Union, Virginia	Major fiedings of eperations.	
16. Informant	PHYSICIAN: Please coderlice the caose to which death should be charged statistically.	
Address		
December to mas 5 1945	22. VIOLENCE: If death was due to external causes, fill in the following:	
17 Removal to (Barial, cremation, or removal, Which?) Bate thereof, (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory	Where did injury occur?	
Washington D.C	Injured at home, farm, industry, public place (where?)	
Location	Means of Injury Injured at work?	
18. Funeral director. LU - Leo Suss Co	means or injury	
Address 300 - 4 22. 21-8	Da il la ma	
1100:00	23. SIGNATURE M. D. or other	
19 Mar. 4, 1945 Rowlands. Miles	Address & lenn Dale Ma Date signed 3/4/45	
(Data rec'd by registrar) Registrar	Address Date signed	

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BUREAU V.S.

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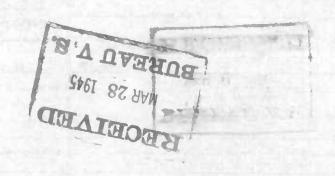
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03169

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Prince George's		
City or town (rural) Glenn Dale. Maryland (If ontside city or town limits, write RURAL and give nearest town)	State D. C. County Washington	
How long in above place of death? 6 mos. 25 days	(If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Street No. 1442 S. St. N. W.	
Glenn Dale Sanatorium	(If rnral, give LOCATION)	
How long in hospital or institution? 6 mos., 25 days	2.(a) If veteran, name war.	
3. (a) FULL NAME	3. (b) Social Security Number	
MATTHEW WILSO	N. 239-07-4750	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male Colored Married -	20. BATE OF DEATH Marcle 8 to 19 45 et 1/ A.M	
6 (b) Name of husband or wife Lilly Mae Wilson	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
Orley Rume of Russama or anterior	10. 12. w 44 . Marcu 8 10 45	
6.(c) If alive, give age 28 years	Marca Otto	
1. Birth date of	and that I last sawn threalive on March State 18 45	
deceased (mo., day, yr.) April 15, 1917	Immediate cause of death	
8. AGE: Years Months Days If less than one day		
27 10 22hrsmin.	(118) Me me ales delles celous 1/ Mes	
9. Birthplace Newburg, South Carolina (Towo, conoty, and etate) 10. Usual occupation Factory Laborer 11. Industry or business	Due to	
12. Name Antine Wilson 13. Birthplace Newburg, South Carolina	Other conditions	
13. Birthplace Newburg, South Carolina	(Include pregnancy within 3 months of death)	
14. Malden name Lula Douglas	(Include pregnancy within 3 months of death)	
	Major findings of operations	
Newburg, South Carolina	Qate of op.	
16. Intermant Decedent	Autopsy results	
Address		
	22. VIOLENCE: If death was due to external causes, fill in the following;	
17. Kernoual to Bate thereof. May 9 19 4 5. (Burial, crematico, or removal, Which?)	Accident, suicide, or homicide	
(Burial, crematico, or removal, which) (Mooth) (day) (year)	Where did interv occur?	
Cemetery or crematory	Where did injury occur?	
Washington, DC	Injured at home, farm, Industry, public place (where?)	
10021101	Means of injury injured at work?	
18. Funeral director At fosethis Timeral Home	() () ()	
Address 306-d. Street, n. W.	23. SIGNATURE A DAVILLE SEO FINILLA M. D. or other	
19. Mar. 7 19.45 Rowland & Philips	Address & lens Dale Md Date signed Z/X/+5	



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3.2) CERTIFICATE OF DEATH

03170

Reg. Dist. No. 243

1. PLACE OF DEATH: Ceunty Prince George's City er town (rural) Glenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town) Hew leng in abeve place of death? 1 yrs, 1 mos, 24 days Hospital, institution, or street address where death eccurred: Glenn Dale Sanatorium Hew leng in hespital er inslitution? 1 yrs, 1 mos, 24 days			Maryland RAL and give nearest town) O 24 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	give nearest towa)
		yr. I	mo., 24 days	2.(a) It veteran, name war	V
3. (a) FULL NA	WRIG		RUDOLPH	3. (b) Social Se 577-	curity Number
4. Sex	5. Color or race	6.(a)Single,	married, widowed, or diverced	MEDICAL CERTIFICATIO	
Male	White	Ma	rried	2D, DATE OF DEATH MARCH 22, 19	45 . 8: 9.
10-110			It alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attend	1945
8. AGE: Yes	ers Moeths	Days	If less than one day	Immediate cause of death Inversible 313	BURATION
4	0 8	4		pulmonary	39 1150
11. Industry or busin	Plumber Edmond V Washing	Vright gton, D.		Diher conditions (Include pregnancy within 3 months of death)	
14. Malden nam	. Margaret	, Philli	ps	Major findings of operations.	
14. Malden name Margaret Phillips 15. Birthplace Washington, D. C. 16. Informant Decedent		Autopsy results			
Location	Doal 7 12 Ste 22,45	luner	month) (day) (year) Anne h W land & Plinkyi	22. VIOLENCE: If death was due to external causes, till in the tollowing Accident, suicide, or hemicide	(State)

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Market Company of the Company

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-0)



03171

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE USUEATH: Stongs	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	marelland lane of Jen.
City or town (if outside city or town limits, write RUR, and give nearest town)	State County & County
How long in above place of death?	City or town (Lipotpide city or town limits, write RUML and cive pearest town)
Hospital, institution, or street address where death occurred:	LAND TUGAL TO P. IP.
	Street No. (If rural, give LOCATION)
How Jong In hospital or Institution?	2.(a) If veleran, name war
	2.(0) If veteran, name war
3. (a) FULL NAME WILLIAM HOWARD	WYMAN 3. (b) Social Security Number
4. Sex 5. Color or tace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male tombe divorced	2B. DATE OF DEATH MARCH 19 43 - 21 2 P
6.(b) Name of husband or wife Full	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
	March 5 18.45, 10 March 1/19.45
7. Birth date of years	and that I last saw h. Amalive on Charce 19 19 55
deceased (mo., day, yr.) Tello 12 - 1868	Immediate cause of death Cerebral DURATION
8. AGE: Years Months Days If less than one day	Hemarinage 9 days
77min.	
marsland	- Co-sea O Pater
8. Birthplace	Due 10.
1D. Usual occupation. Sellered	The state of the s
	Dua to
11. Industry or business)	
12. Name John F. Wylliam 13. Birthplace	Other conditions The Conditions of the Condition
	half of body Church willower
14. Malden name Healer Morekead	(Include pregnancy within 8 manife of death warm
10	Major findings of operations.
S 15. Birthplace	
16 Tours Daughe V Jolle	Autopey results.
Address 6800 Manchorn Pike	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
Person 3-14-45	22. VIOLENCE: if death was due to external causes, fill in the following;
(Burisi, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location / W ashery with the	Injured at home, farm, industry, public place (where?)
1.C 11 Phankou Par	Meens of injury Injured at work?
18. Funeral director	
Address 5// // 5/ 4/2.	ADOTE VICTA
3-14 15- 1Thos D Shillis	23. SIGNATURE M. D. M. D. M. D. M. D.
19	Addres Washing year 9 Bate signed 3/19/6
· ijegiotiat i	Address Address Date signed



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